

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/18/2022**

2022 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

630.

REV 03/07/22 PRO 1555

826-67-5269 839-53-4927
REMYA SOMASUNDARAN NAIR
M P DIPIN NAIR
11984 BLAKEFORD ST
PARKER CO 80134

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

826675269 0C NAIR 30 0 202212 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2022**

2022 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

630.

REV 03/07/22 PRO 1555

826-67-5269 839-53-4927
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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2022**

2022 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	630.
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REV 03/07/22 PRO 1555

826-67-5269 839-53-4927
REMYA SOMASUNDARAN NAIR
M P DIPIN NAIR
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PO BOX 802502
CINCINNATI OH 45280-2502

826675269 0C NAIR 30 0 202212 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/17/2023**

2022 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	630.
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REV 03/07/22 PRO 1555

826-67-5269 839-53-4927
REMYA SOMASUNDARAN NAIR
M P DIPIN NAIR
11984 BLAKEFORD ST
PARKER CO 80134

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

826675269 0C NAIR 30 0 202212 430

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name REMYA SOMASUNDARAN NAIR	Social security number 826-67-5269
Spouse's name M P DIPIN NAIR	Spouse's social security number 839-53-4927

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.

1 Adjusted gross income	1	216,473.
2 Total tax	2	33,828.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	32,493.
4 Amount you want refunded to you	4	665.
5 Amount you owe	5	

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

7	5	2	6	9
---	---	---	---	---

 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 ▶ _____

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

3	4	9	2	7
---	---	---	---	---

 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	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

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 [X] 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

Form fields for personal information: Your first name and middle initial (REMYA SOMASUNDARAN), Last name (NAIR), Your social security number (826-67-5269), Spouse's social security number (839-53-4927), Home address (11984 BLAKEFORD ST), City (Parker), State (CO), ZIP code (80134).

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

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1957 [] Are blind Spouse: [] Was born before January 2, 1957 [] Is blind

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes dependent ANAIRA NAIR.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final Taxable income of 190,773.

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	33,828.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	33,828.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	33,828.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	33,828.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	32,493.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	32,493.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) 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	2,000.
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 total other payments and refundable credits	32	2,000.
33	Add lines 25d, 26, and 32. These are your total payments	33	34,493.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	665.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	665.
Direct deposit? See instructions.	b Routing number 1 2 1 0 0 0 3 5 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 3 2 5 0 9 5 6 6 4 4 5 3		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . 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.

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

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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.)

Phone no. (214) 334-6360 Email address REMYA2805@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/10/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
REMYA SOMASUNDARAN & M P DIPIN NAIR

Your social security number
826-67-5269

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-8,250.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	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	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	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 1040, 1040-SR, or 1040-NR, line 8	10	-8,250.

Part 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	▶ _____		
c	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:			
a	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		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
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	24i		
j	Housing deduction from Form 2555	24j		
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 income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

REMYA SOMASUNDARAN & M P DIPIN NAIR

826-67-5269

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

1a	Physical address of each property (street, city, state, ZIP code)					
A	MAROL MAROSHI ROAD ANDHERI (EAST) MUMBAI IN 400059					
B						
C						
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV	
A	3		A	365	0	<input type="checkbox"/>
B			B			<input type="checkbox"/>
C			C			<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
3	Rents received	3		650.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		800.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,500.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,800.		
15	Supplies	15		2,300.		
16	Taxes	16				
17	Utilities.	17		2,500.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		8,900.		
21	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	21		-8,250.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(8,250.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		650.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		8,900.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(8,250.)		
26	Total rental real estate and royalty income or (loss). 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	26		-8,250.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-8,250.

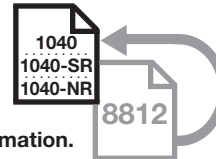
Schedule E (Form 1040) 2021

SCHEDULE 8812
(Form 1040)

Credits for Qualifying Children and Other Dependents

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

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2021

Attachment Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

REMYA SOMASUNDARAN & M P DIPIN NAIR

Your social security number

826-67-5269

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	216,473.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3		216,473.
4a	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	1.	
c	Subtract line 4b from line 4a	4c	0.	
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5		2,000.
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6	0.	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.				
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8		2,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	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.	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		2,000.
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 States for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input checked="" type="checkbox"/>			

Part I-B Filers Who Check a Box on Line 13

Caution: 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	14a		0.
b	Subtract line 14a from line 12	14b		2,000.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c		0.
d	Enter the smaller of line 14a or line 14c	14d		0.
e	Add lines 14b and 14d	14e		2,000.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	14f		0.
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g		2,000.
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	14h		0.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	14i		2,000.

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

BAA

REV 03/07/22 PRO

Schedule 8812 (Form 1040) 2021

Part I-C Filers Who Do Not Check a Box on Line 13

Caution: If you checked a box on line 13, do not complete Part I-C.

15a	Enter the amount from the Credit Limit Worksheet A	15a	
b	Enter the smaller of line 12 or line 15a	15b	
	Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.		
	1. You are not filing Form 2555.		
	2. Line 4a is more than zero.		
	3. Line 12 is more than line 15a.		
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	
d	Add lines 15b and 15c	15d	
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	15e	
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	
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	
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-NR	15h	

Part II-A Additional Child Tax Credit (use only if completing Part I-C)

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	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a	
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	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4a.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> 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	20	
	Next. On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> 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. <input type="checkbox"/> 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.		

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, 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	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
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. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	
-----------	---	-----------	--

Part 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 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.	30	
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. <ul style="list-style-type: none"> • 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	

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2021
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
M P DIPIN NAIR

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **839-53-4927**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others , see the instructions for the amount to enter	3	7,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	7,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	7,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	7,200.
9	Employer contributions made to your HSAs for 2021	9	2,000.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	2,000.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	5,200.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to www.irs.gov/Form8867 for instructions and the latest information.**

OMB No. 1545-0074

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return REMYA SOMASUNDARAN & M P DIPIN NAIR	Taxpayer identification number 826-67-5269
Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703	

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
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.)	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
c 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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing 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 checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - 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 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>



218453 11555

State of Colorado Individual Income Tax Declaration for Electronic Filing
Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

Table with taxpayer information including SSN, names, address, and phone number.

Part I - Tax Return Information

Table with 6 rows showing tax return details: Total Income, Taxable Income, Colorado Tax, Colorado Tax Withheld, Refund, and Amount You Owe.

Part II - Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2021 Federal/Colorado income tax returns...

Signature fields for Taxpayer and Spouse.

Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here []

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2021 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2021 Federal/Colorado income tax returns...

ERO's Signature and Preparer Identification Number fields.

Check if also Preparer [X]

Date field showing 03/10/22



211778 11555

E-File Attachment Form

For Tax Year (MM/DD/YY)	or fiscal year beginning (MM/DD/YY)
01/01/21	
Tax Type	
<input checked="" type="checkbox"/> Individual Income	<input type="checkbox"/> C Corporation Income
<input type="checkbox"/> LP Income	<input type="checkbox"/> LLP Income
<input type="checkbox"/> Partnership Income	<input type="checkbox"/> LLLP Income
<input type="checkbox"/> S Corporation Income	<input type="checkbox"/> Association Income
<input type="checkbox"/> LLC Income	<input type="checkbox"/> Non-Profit Income

Please print or type

Taxpayer Last Name	First Name	Middle Initial
NAIR	REMYA SOMASUNDARAN	
Spouse's Last Name (if applicable)	First Name	Middle Initial
NAIR	M P DIPIN	
Taxpayer SSN or ITIN	Spouse SSN or ITIN (if applicable)	FEIN
826-67-5269	839-53-4927	
Taxpayer Address		
11984 BLAKEFORD ST		
City	State	ZIP
PARKER	CO	80134

Mark the box for the documents submitted. See the Colorado Department of Revenue, Taxation Division website at Tax.Colorado.gov for more information about these credits.

<input checked="" type="checkbox"/> Other state(s) income tax return(s)	<input type="checkbox"/> Colorado Source Capital Gain Subtraction: DR 1316
<input type="checkbox"/> Enterprise Zone Credit: DR 1366 and any applicable certification forms from the Zone Administrator	<input type="checkbox"/> Job Growth Incentive Tax Credit: Certification letter from the Colorado Economic Development Commission
<input type="checkbox"/> Gross Conservation Easement: DR 1305, DR 1305G, and supplemental documentation	<input type="checkbox"/> Affordable Housing Credit: CHFA certification letter
<input type="checkbox"/> Aircraft Manufacturer New Employee Credit: DR 0085 and/or DR 0086	<input type="checkbox"/> Nonresident Partner, Shareholder or Members Agreement: DR 0107
<input type="checkbox"/> Innovative Motor Vehicle Credit: Vehicle registration and the purchase invoice.	<input type="checkbox"/> Plastic Recycling Credit: Required documentation to substantiate credit (receipts, bills, etc)
<input type="checkbox"/> Child Care Contribution Credit: DR 1317	<input type="checkbox"/> School-to-Career Investment Credit: Certification letter.
<input type="checkbox"/> Claim for refund on behalf of deceased taxpayer: DR 0102, death certificate, and, if applicable, court documents	<input type="checkbox"/> Other documentation for credits/subtractions claimed (mark the Other box below and enter details)
<input type="checkbox"/> Other	Explain

Signature of Taxpayer or Preparer	Date (MM/DD/YY)
SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/10/22



210104 11555



DR 0104 (12/07/21)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 1 of 4
(0013)

2021 Colorado Individual Income Tax Return

Full-Year Part-Year or Nonresident (or resident, part-year, non-resident combination) *Must include DR 0104PN Mark if Abroad on due date – see instructions

Your Last Name		Your First Name		Middle Initial
NAIR		REMYA SOMASUNDARAN		
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
05/28/1989	826-67-5269			
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		CA	4965	11/23/19
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
NAIR		M P DIPIN		
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
08/25/1987	839-53-4927			
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		CO	4284	05/19/21
Mailing Address			Phone Number	
11984 BLAKEFORD ST			(214) 334-6360	
City	State	ZIP Code	Foreign Country (if applicable)	
PARKER	CO	80134		
<input type="checkbox"/>	To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if: <ul style="list-style-type: none"> You are a Colorado resident and at least one person in your household does not have health coverage AND You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy & Financing. 			
Round To The Nearest Dollar				
1. Enter Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 15.			• 1	190773 00
Include W-2s and 1099s with CO withholding.				
Additions to Federal Taxable Income				
2. State Addback, enter the state income tax deduction from your federal form 1040, 1040 SR, or 1040 SP schedule A, line 5a (see instructions)			• 2	00
3. Qualified Business Income Deduction Addback (see instructions)			• 3	00



210104 21555

Name	SSN or ITIN
REMYA SOMASUNDARAN & M P DIPIN NAIR	826-67-5269
4. Other Additions, explain (see instructions) ● 4	00
Explain:	
5. Subtotal, sum of lines 1 through 4 5	190773 00
Colorado Subtractions	
6. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return. ● 6	100 00
7. Colorado Taxable Income, subtract line 6 from line 5 ● 7	190673 00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule	
8. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable. ● 8	8580 00
9. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return. ● 9	00
10. Recapture of prior year credits ● 10	00
11. Subtotal, sum of lines 8 through 10 11	8580 00
12. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 0104CR with your return. ● 12	816 00
13. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 84, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 1366 with your return. ● 13	00
14. Strategic Capital Tax Credit from DR 1330, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 1330 with your return. ● 14	00
15. Net Income Tax, sum of lines 12, 13, and 14. Subtract that sum from line 11. 15	7764 00
16. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return. ● 16	00
17. Net Colorado Tax, sum of lines 15 and 16 17	7764 00
18. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return. ● 18	8788 00
19. Prior-year Estimated Tax Carryforward ● 19	00
20. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year ● 20	00
21. Extension Payment remitted with the DR 0158-I ● 21	00
22. Other Prepayments: <input type="checkbox"/> ● DR 0104BEP <input type="checkbox"/> ● DR 0108 <input type="checkbox"/> ● DR 1079 ● 22	00
23. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. ● 23	00
24. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return. ● 24	0 00



210104 31555

Table with 2 columns: Name (REMYA SOMASUNDARAN & M P DIPIN NAIR) and SSN or ITIN (826-67-5269)

Table with 3 columns: Description (25. Refundable Credits from the DR 0104CR line 9...), Amount (25), and Total (00)

Modified AGI for TABOR
Lines 28 through 30 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.

Table with 3 columns: Description (27. Federal Adjusted Gross Income..., 28. Nontaxable Social Security Income, 29. Nontaxable Lump-sum Distribution..., 30. Nontaxable interest income...), Amount (27-30), and Total (00)

Table with 7 columns: Modified AGI Tiers for State Sales Tax Refund. Includes categories like Single Filers Enter and Joint Filers Enter with corresponding dollar amounts.

Table with 3 columns: Description (32. State Sales Tax Refund..., 33. Sum of lines 26 and 32, 34. Overpayment...), Amount (32-34), and Total (00)

If you have an overpayment on line 36 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

Table with 3 columns: Description (36. Refund, subtract line 35 from line 34...), Amount (36), and Total (00)

Direct Deposit form with fields for Routing Number (121000358), Account Number (325095664453), and Type (X Checking, Savings, CollegenInvest 529)

For questions regarding CollegenInvest direct deposit or to open an account, visit CollegenInvest.org or call 800-448-2424.



210104 41555

Table with 2 columns: Name (REMYA SOMASUNDARAN & M P DIPIN NAIR) and SSN or ITIN (826-67-5269)

Table with 3 columns: Description, Amount, and Balance. Rows include Net Tax Due, Delinquent Payment Penalty, Delinquent Payment Interest, Estimated Tax Penalty, and Amount You Owe.

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned.

Third Party Designee

Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.

Table with 2 columns: Designee's Name and Phone Number

Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.

Table with 2 columns: Signature/Spouse's Signature and Date (MM/DD/YY)

Table with 2 columns: Paid Preparer's Name/Address and Paid Preparer's Phone/State/ZIP Code

File and pay at: Colorado.gov/RevenueOnline

Instructions for filing with or without a check or payment, including mailing addresses for the Colorado Department of Revenue in Denver, CO.



210104AD11555

DR 0104AD (10/22/21)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 1 of 2



2021 DR 0104AD – Subtractions from Income Schedule

If claiming a subtraction and filing by paper, you must submit this schedule with your return.

Use this schedule to report any subtractions from your Federal Taxable Income. These subtractions will change your Colorado Taxable Income from the amount of Federal Taxable Income. See instructions in the income tax booklet for additional guidance on completing this schedule. Do not enter negative amounts. You must submit this form along with the DR 0104 if claiming any subtractions.

Name		SSN or ITIN
REMYA SOMASUNDARAN NAIR		826-67-5269
Subtractions from Federal Taxable Income		
1. State Income Tax Refund from federal income tax form 1040, 1040 SR, or 1040 SP, Schedule 1 line 1.	● 1	00
2. U.S. Government Interest	● 2	00
3. Primary Taxpayer Pension, Annuity, IRA, Social Security, or Disability Income (see instructions)	● Deceased SSN or ITIN	00
4. Spouse Pension, Annuity, IRA, Social Security, or Disability Income (see instructions)	● Deceased SSN or ITIN	00
5. Primary Taxpayer Military Retirement Benefits (under age 55), you must submit copies of all 1099R statements with your return. (see instructions)	● 5	00
6. Spouse Military Retirement Benefits (under age 55), you must submit copies of all 1099R statements with your return. (see instructions)	● 6	00
7. Colorado Capital Gain Subtraction	● 7	00
8. CollegenInvest Contribution: (see instructions)	● Owner's SSN or ITIN	00
● Total Contribution	● Owner's Name	
9. Qualifying Charitable Contribution	● Total Contribution	100
	\$ 600	00
10. Qualified Reservation Income	● 10	00
11. PERA/DPSRS Subtraction, for PERA contributions made in 1984–1986 or DPSRS contributions made in 1986	● 11	00



210104AD21555

Name		SSN or ITIN
REMYA SOMASUNDARAN NAIR		826-67-5269
12. Railroad Benefit Subtraction	● 12	00
13. Wildfire Mitigation Measures Subtraction	● 13	00
14. Colorado Marijuana Business Deduction	● 14	00
15. Non-Resident Disaster Relief Worker Subtraction	● 15	00
● Natural Disaster: Enter the executive order number(s) from the Colorado governor's office that declared the state disaster emergency "D YYYY-###" (see instructions)		
16. Reacquisition of Colorado Residency During Active Duty Military Service Subtraction	● 16	00
17. First Time Home Buyer Savings Account Interest Deduction, you must submit form DR 0350(s) with your return	● 17	00
18. Other Subtractions, explain below	● 18	00
Explain		
19. Subtractions Allowed Under HB21-1002 (see instructions)	● 19	00
20. Subtotal, sum of lines 1 through 19, transfer the amount to line 6 on the DR 0104	● 20	100 00



210104CR11555



DR 0104CR (09/30/21)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 1 of 4

Form 104CR

Individual Credit Schedule 2021

Taxpayer's Last Name	First Name	Middle Initial	SSN or ITIN
NAIR	REMYA SOMASUNDARAN		826-67-5269

Use this schedule to calculate your income tax credits. For best results, visit *Tax.Colorado.gov* to research eligibility requirements and other information about these credits before following the line-by-line instructions contained below.

- Be sure to submit the required supporting documentation as indicated for each credit.
- Most e-file software and tax preparers have the ability to submit this schedule and attachments electronically. However, Revenue Online can also be used to file your return and attachments electronically. Otherwise, include all required documents with your paper return.
- If you received any of these credits from a pass-through entity, be sure to provide the entity's name and account number and your ownership percentage where required. If credits were passed through from multiple entities, submit with your return a written statement that includes all relevant information.
- Dollar amounts shall be rounded to the nearest whole dollar. Calculate percentages to the fourth decimal place. Round to four significant digits, e.g. xxx.xxxx

Part I — Refundable Credits

1. Child Care Expenses Credit from the DR 0347, you must submit the DR 0347 with your return.	• 1	00
---	-----	----

SSN Filers Only - Earned Income Tax Credit (EITC) - full or part-year Colorado residents who claim the federal EITC are allowed an earned income tax credit against their income tax. Complete the table for each qualifying child. Read the instructions in the 104 book and Income Tax Topics: Earned Income Tax Credit for additional guidance on completing this section. Only check the "Deceased" box for a qualifying child if the child was born and died in 2021 and was not assigned an SSN. You must submit a copy of the child's birth certificate, death certificate, or hospital records showing a live birth with your return.

2. Enter the amount of Earned Income calculated for your federal return.	• 2	00
--	-----	----

3. The federal EITC you claimed.	• 3	00
----------------------------------	-----	----

Qualifying Child's Last Name	Qualifying Child's First Name	Year of Birth	• SSN	Deceased*
				• <input type="checkbox"/>
				• <input type="checkbox"/>
				• <input type="checkbox"/>
				• <input type="checkbox"/>

*Check only if child was deceased before SSN was assigned in 2021, see instructions.



210104CR21555

Name	SSN or ITIN
REMYA SOMASUNDARAN & M P DIPIN NAIR	826-67-5269
4. COEITC, multiply line 3 by 10% (0.10)	4 00
5. <i>Part-year residents only</i> , multiply line 4 by the percentage on line 34 of the DR 0104PN (If the percentage exceeds 100%, use 100%.)	5 00
6. Business Personal Property Credit: Use the worksheet in the 104 Book instructions to calculate. You must submit copy of the assessor's statement with your return.	6 00
7. Refundable Renewable Energy Tax Credit from line 85 of the DR 1366. You must submit the DR 1366 with your return.	7 00
8. <i>ITIN Filers Only</i> - Expanded Colorado Earned Income Tax Credit from line 20 (or 21) of form DR 0104TN. You must submit the DR 0104TN with your return.	8 00
9. Total Refundable Credits, sum of lines 1, 4 (or 5), 6, 7, and 8. Enter the sum on the DR 0104 line 25.	9 00

Part II — Credit for Tax Paid to Another State

- Colorado nonresidents do not qualify for this credit.
- Part-year residents generally do not qualify for this credit.
- If you have income and/or losses from two or more states, you must separately calculate lines 11 through 17 for each state, regardless of whether any tax was paid on such income. If you do not file electronically, you must submit the DR 0104CR for each state. Then, enter "Combined" on line 10 and complete lines 11 through 17 to disclose the combined total for each line. A summary schedule is not acceptable. **The Department strongly recommends electronic filing for taxpayers with credits for more than one state. Failure to file electronically may result in delays processing your return.**

Submit a copy of the tax return for each other state when claiming this credit. The portion of the return submitted must include the adjusted gross income calculation, any disallowed federal deductions by that state, and the tax calculation for the other state.

10. Name of other state:	CA
11. Total of lines 8 and 9 Form 104	11 8580 00
12. Modified Colorado adjusted gross income from sources in the other state, see FYI Income 17.	12 20576 00
13. Total modified Colorado adjusted gross income	13 216473 00
14. Divide line 12 by line 13. Round to four significant digits, e.g. xxx.xxxx	14 009.5051 %
15. Multiply line 11 by the percentage on line 14	15 816 00
16. Tax liability to the other state	16 1203 00
17. Allowable credit , the smaller of lines 15 or 16	17 816 00



210104CR31555

Name	SSN or ITIN
REMYA SOMASUNDARAN & M P DIPIN NAIR	826-67-5269

Part III — Other Credits

Visit Tax.Colorado.gov for limitations that are specific to each credit. To report this properly, use the first column to report the total credit that is available (the amount generated this year plus any prior-year carryforward). Then, use the second column to report the amount you are using this year to offset your tax liability.

	Available Credit Column (A) ●	Credit Used Column (B) ●
18. Plastic recycling investment credit, you must submit required receipts with your return. ● 18	00	00
● Plastic recycling net expenditures amount (fill below):		
19. Colorado Minimum Tax Credit ● 19	00	00
● 2021 Federal Minimum Tax Credit (fill below):		
20. Carry forward of prior year Historic Property Preservation credit (per §39-22-514, C.R.S.) ● 20	00	00
21. Child Care Center Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● 21	00	00
22. Employer Child Care Facility Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● 22	00	00
23. School-to-Career Investment credit, you must submit a copy of the certification with your return. ● 23	00	00
24. Colorado Works Program credit, you must submit a copy of the letter from the county Department of Social/Human Services with your return. ● 24	00	00
25. Child Care Contribution credit, you must submit each DR 1317 with your return. ● 25	00	00
26. Long-term Care Insurance credit, you must submit a year-end statement to show premiums paid with your return. See FYI Income 37. ● 26	0 00	00
27. Aircraft Manufacturer New Employee credit, you must submit the DR 0085 and DR 0086 with your return. ● 27	00	00
28. Credit for Environmental Remediation of Contaminated Land, you must submit a copy of the CDPHE certification with your return. ● 28	00	00
29. Colorado Job Growth Incentive credit, you must submit certification from OEDIT with your return. ● 29	00	00
30. Certified Auction Group License Fee credit, you must submit a copy of the certification with your return. ● 30	00	00
31. Advanced Industry Investment credit, you must submit a copy of the certification with your return. ● 31	00	00
32. Affordable Housing credit, you must submit CHFA certification with your return. ● 32	00	00



210104CR41555

Name		SSN or ITIN	
REMYA SOMASUNDARAN & M P DIPIN NAIR		826-67-5269	
	Available Credit Column (A) ●	Credit Used Column (B) ●	
33. Carry forward of prior year Credit for Food Contributed to Hunger-Relief Charitable Organizations, you must submit each DR 0346 and federal schedule F with your return. ● 33	00		00
34. Preservation of Historic Structures credit (per §39- 22-514.5, C.R.S.) carried forward from a prior year. ● 34	00		00
35. Preservation of Historic Structures credit (per §39-22- 514.5, C.R.S.), you must submit the certificate from OEDIT, History Colorado, or local granting authority with your return. ● 35	00		00
36. If you are claiming the Preservation of Historic Structures credit enter your credit certificate number issued by OEDIT, History Colorado, or local granting authority. ● 36			
37. Rural Jump–Start Zone credit, you must submit certificate from Office of Economic Development AND the DR 0113 with your return. ● 37	00		00
38. Rural & Frontier Health Care Preceptor credit, you must submit your certification with your return. ● 38	00		00
39. Retrofitting a Residence to Increase a Residence's Visitability Credit, you must submit certificate from Division of Housing. ● 39	00		00
● If you are claiming a Retrofitting a Residence to Increase a Residence's Visitability Credit, enter your credit certificate number issued by Division of Housing			
40. Credit for employer contributions to employee 529 plan, you must submit DR 0289 with your return. ● 40	00		00
41. Credit for employer paid leave of absence for live organ donation. Employer must complete and submit form DR 0375 with their return. ● 41	00		00
42. Total of column A lines 18 through 41 (exclude line 36 certificate number) ● 42	00		
43. Nonrefundable Credits Used, total of column B plus any amount from line 17, exclude line 36 certificate number. Also enter this amount on the DR 0104 line 12. Credit used cannot exceed credit available. ● 43		816	00

TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values include REMYA SOMASUNDARAN NAIR, M P DIPIN NAIR, 826-67-5269, and 839-53-4927.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California adjusted gross income (AGI) 20,576. Line 2: Amount You Owe. Line 3: Refund or No Amount Due 162.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 3 4 9 2 7 as my signature on my 2021 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's/RDP's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 7 5 2 6 9 as my signature on my 2021 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5 8 7 2 7 8 6 1 9 8 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return 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 FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers.

ERO's signature Date 03/10/2022

California Nonresident or Part-Year Resident Income Tax Return

2021

540NR

APE

ATTACH FEDERAL RETURN

826-67-5269 NAIR 839-53-4927
REMYASOMASU NAIR
MPDIPIN NAIR

21

11984 BLAKEFORD ST
PARKER CO 80134

05-28-1989 08-25-1987

If your California filing status is different from your federal filing status, check the box here

- 1 Single
2 Married/RDP filing jointly. See inst.
3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst

For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. Whole dollars only

- 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions.

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Relationship to you.

Total dependent exemptions 1 X \$400 = 400

Your name: Your SSN or ITIN:

11 Exemption amount: Add line 7 through line 10 **11 \$**

Total Taxable Income	12 Total California wages from your federal Form(s) W-2, box 16 <input checked="" type="radio"/> 12 <input type="text" value="20576"/> <input type="text" value=".00"/>
	13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 <input checked="" type="radio"/> 13 <input type="text" value="216473"/> <input type="text" value=".00"/>
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B <input checked="" type="radio"/> 14 <input type="text" value=""/> <input type="text" value=".00"/>
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 <input type="text" value="216473"/> <input type="text" value=".00"/>
	16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C <input checked="" type="radio"/> 16 <input type="text" value="2000"/> <input type="text" value=".00"/>
	17 Adjusted gross income from all sources. Combine line 15 and line 16. <input checked="" type="radio"/> 17 <input type="text" value="218473"/> <input type="text" value=".00"/>
	18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions <input checked="" type="radio"/> 18 <input type="text" value="9606"/> <input type="text" value=".00"/>
	19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- <input checked="" type="radio"/> 19 <input type="text" value="208867"/> <input type="text" value=".00"/>

CA Taxable Income	31 Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule
	<input checked="" type="radio"/> 31 <input type="text" value="13429"/> <input type="text" value=".00"/>
	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. <input checked="" type="radio"/> 32 <input type="text" value="20576"/> <input type="text" value=".00"/>
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. <input checked="" type="radio"/> 35 <input type="text" value="19671"/> <input type="text" value=".00"/>
	36 CA Tax Rate. Divide line 31 by line 19. <input checked="" type="radio"/> 36 <input type="text" value="0.0643"/>
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. <input checked="" type="radio"/> 37 <input type="text" value="1265"/> <input type="text" value=".00"/>
	38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. <input checked="" type="radio"/> 38 <input type="text" value="0.0942"/>
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$212,288, see instructions <input checked="" type="radio"/> 39 <input type="text" value="62"/> <input type="text" value=".00"/>
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> 40 <input type="text" value="1203"/> <input type="text" value=".00"/>
41 Tax. See instructions. Check the box if from: <input checked="" type="radio"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> 41 <input type="text" value=""/> <input type="text" value=".00"/>	
42 Add line 40 and line 41 <input checked="" type="radio"/> 42 <input type="text" value="1203"/> <input type="text" value=".00"/>	

Special Credits	50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. <input checked="" type="radio"/> 50 <input type="text" value=""/> <input type="text" value=".00"/>
	51 Credit for joint custody head of household. See instructions <input checked="" type="radio"/> 51 <input type="text" value=""/> <input type="text" value=".00"/>
	52 Credit for dependent parent. See instructions. <input checked="" type="radio"/> 52 <input type="text" value=""/> <input type="text" value=".00"/>
	53 Credit for senior head of household. See instructions. <input checked="" type="radio"/> 53 <input type="text" value=""/> <input type="text" value=".00"/>
	54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions <input checked="" type="radio"/> 54 <input type="text" value="."/> <input type="text" value=".00"/>
55 Credit amount. See instructions <input checked="" type="radio"/> 55 <input type="text" value=""/> <input type="text" value=".00"/>	

Your name: Your SSN or ITIN:

Special Credits continued	58	Enter credit name <input type="text"/> code <input type="text"/> and amount...	●	58	<input type="text"/>	.00
	59	Enter credit name <input type="text"/> code <input type="text"/> and amount...	●	59	<input type="text"/>	.00
	60	To claim more than two credits. See instructions	●	60	<input type="text"/>	.00
	61	Nonrefundable Renter's Credit. See instructions	●	61	<input type="text"/>	.00
	62	Add line 50 and line 55 through 61. These are your total credits	⊙	62	<input type="text"/>	.00
	63	Subtract line 62 from line 42. If less than zero, enter -0-	⊙	63	<input type="text" value="1203"/>	.00

Other Taxes	71	Alternative Minimum Tax. Attach Schedule P (540NR)	●	71	<input type="text"/>	.00
	72	Mental Health Services Tax. See instructions	●	72	<input type="text"/>	.00
	73	Other taxes and credit recapture. See instructions	●	73	<input type="text"/>	.00
	74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	●	74	<input type="text"/>	.00
	75	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax	●	75	<input type="text" value="1203"/>	.00

Payments	81	California income tax withheld. See instructions	●	81	<input type="text" value="1365"/>	.00
	82	2021 CA estimated tax and other payments. See instructions	●	82	<input type="text"/>	.00
	83	Withholding (Form 592-B and/or 593). See instructions	●	83	<input type="text"/>	.00
	84	Excess SDI (or VPD) withheld. See instructions	●	84	<input type="text"/>	.00
	85	Earned Income Tax Credit (EITC)	●	85	<input type="text"/>	.00
	86	Young Child Tax Credit (YCTC). See instructions	●	86	<input type="text"/>	.00
	87	Net Premium Assistance Subsidy (PAS). See instructions	●	87	<input type="text"/>	.00
	88	Add line 81 through line 87. These are your total payments. See instructions	⊙	88	<input type="text" value="1365"/>	.00

ISR Penalty	91	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.	●	<input type="checkbox"/>
	91	Individual Shared Responsibility (ISR) Penalty. See instructions	●	<input type="text" value="0"/> .00

Overpaid Tax/Tax Due	92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88.	⊙	92	<input type="text" value="1365"/>	.00
	93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91.	⊙	93	<input type="text"/>	.00
	101	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92.	⊙	101	<input type="text" value="162"/>	.00
	102	Amount of line 101 you want applied to your 2022 estimated tax	●	102	<input type="text" value="0"/>	.00

Your name:

Your SSN or ITIN:

103 Overpaid tax available this year. Subtract line 102 from line 101 ● **103** .00

104 Tax due. If line 92 is less than line 75, subtract line 92 from line 75 ● **104** .00

		<u>Code</u>	<u>Amount</u>	
Contributions	California Seniors Special Fund. See instructions	● 400	<input type="text"/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text"/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/>	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	● 406	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	● 408	<input type="text"/>	.00
	California Sea Otter Voluntary Tax Contribution Fund	● 410	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/>	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	● 422	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/>	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	<input type="text"/>	.00
	Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/>	.00
	Suicide Prevention Voluntary Tax Contribution Fund	● 444	<input type="text"/>	.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	● 445	<input type="text"/>	.00
California Community and Neighborhood Tree Voluntary Tax Contribution Fund	● 446	<input type="text"/>	.00	
120 Add code 400 through code 446. This is your total contribution	● 120	<input type="text"/>	.00	

Your name: Your SSN or ITIN:

Amount You Owe 121 **AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ● 121 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 122 Interest, late return penalties, and late payment penalties. 122 .00
123 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 123 .00
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment 124 .00

Refund and Direct Deposit 125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● 125 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking ● Account number ● 126 Direct deposit amount .00
 Savings

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking ● Account number ● 127 Direct deposit amount .00
 Savings

IMPORTANT: Attach a copy of your complete federal return.
Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

● Your email address. Enter only one email address. ● Preferred phone number

Sign Here
It is unlawful to forge a spouse's/RDP's signature.
Joint tax return? (See instructions)

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) ● PTIN
Firm's address ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. ● Yes No

Print Third Party Designee's Name Telephone Number

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return R & M NAIR	SSN or ITIN 826675269
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Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2021.

During 2021:

- 1 My California (CA) Residency (Check one)
 a Myself: Nonresident Part-Year Resident Resident
 b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> CA	<input type="radio"/> CA
b I was in the military and stationed in (enter two letter code).	<input type="radio"/>	<input type="radio"/>
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> / /	<input type="radio"/> / /
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .	<input type="radio"/> / /	<input type="radio"/> / /
5 I was a CA nonresident the entire year (enter state of residence).	<input type="radio"/> CO	<input type="radio"/> CO
6 The number of days I spent in CA for any purpose was:	<input type="radio"/>	<input type="radio"/>
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input type="radio"/> N	<input type="radio"/> N
8 Before 2021: I was a CA resident for the period of	<input type="radio"/> / / -	<input type="radio"/> / / -

Part II Income Adjustment Schedule	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 1	<input checked="" type="radio"/> 224,702.	<input type="radio"/>	<input type="radio"/> 2,000.	<input checked="" type="radio"/> 226,702.	<input checked="" type="radio"/> 20,576.
2 Taxable interest. a <input type="radio"/> 2b	<input checked="" type="radio"/> 21.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 21.	<input checked="" type="radio"/> 0.
3 Ordinary dividends. See instructions. a <input type="radio"/> 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> 6b	<input type="radio"/>	<input type="radio"/>			
7 Capital gain or (loss). See instructions 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Section B — Additional Income from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. 1	<input type="radio"/>	<input type="radio"/>			
2a Alimony received. See instructions. 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	<input type="radio"/> -8,250.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> -8,250.	<input type="radio"/>
6 Farm income or (loss) 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation 7	<input type="radio"/>	<input type="radio"/>			

Section B — Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
8	Other income:					
a	Federal net operating loss 8a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b	Gambling income 8b	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
c	Cancellation of debt 8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d	Foreign earned income exclusion from federal Form 2555 8d	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
e	Taxable Health Savings Account distribution 8e	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
f	Alaska Permanent Fund dividends . . . 8f	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
g	Jury duty pay 8g	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
h	Prizes and awards 8h	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
i	Activity not engaged in for profit income 8i	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
j	Stock options 8j	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
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	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
l	Olympic and Paralympic medals and USOC prize money 8l	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
m	IRC Section 951(a) inclusion 8m	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
n	IRC Section 951A(a) inclusion 8n	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
o	IRC Section 461(l) excess business loss adjustment 8o	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
p	Taxable distributions from an ABLE account 8p	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
z	Other income. List type and amount. <input checked="" type="radio"/> _____ 8z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 a	Total other income. Add lines 8a through 8z 9a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b1	Disaster loss deduction from form FTB 3805V 9b1		<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
b2	NOL deduction from form FTB 3805V 9b2		<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
b3	NOL from form FTB 3805Z, FTB 3807, or FTB 3809 9b3		<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
b4	Student loan discharged due to closure of a for-profit school 9b4	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 (as applicable) in each column. See instructions. Go to Section C 10	<input checked="" type="radio"/> 216,473.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 2,000.	<input checked="" type="radio"/> 218,473.	<input checked="" type="radio"/> 20,576.

	A	B	C	D	E
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
11 Educator expenses 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Health savings account deduction 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 Deductible part of self-employment tax. See instructions 15	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 Self-employed SEP, SIMPLE, and qualified plans 16	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Self-employed health insurance deduction. See instructions 17	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
18 Penalty on early withdrawal of savings 18	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
19a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ - _____ Last name <input checked="" type="radio"/> _____ 19a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
20 IRA deduction 20	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Student loan interest deduction 21	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
22 Reserved for future use 22					
23 Archer MSA deduction 23	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
24 Other adjustments:					
a Jury duty pay 24a	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
d Reforestation amortization and expenses 24d	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
f Contributions to IRC Section 501(c)(18)(D) pension plans . . 24f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
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 24i	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
j Housing deduction from federal Form 2555 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
z Other adjustments. List type and amount. <input checked="" type="radio"/> 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Section C — Adjustments to Income Continued		A	B	C	D	E
		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
25	Total other adjustments. Add lines 24a through 24z	25				
26	Add line 11 through line 23 and line 25 in each column, A through E	26				
27	Total. Subtract line 26 from line 10 in each column, A through E. See instructions.	27	216,473.	2,000.	218,473.	20,576.

Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

A	B	C
Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions

Medical and Dental Expenses See instructions.

1	Medical and dental expenses	1			
2	Enter amount from federal Form 1040 or 1040-SR, line 11	2	216,473.		
3	Multiply line 2 by 7.5% (0.075)	3	16,235.		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	4			

Taxes You Paid

5a	State and local income tax or general sales taxes	5a	10,153.	10,153.	
5b	State and local real estate taxes	5b			
5c	State and local personal property taxes	5c			
5d	Add line 5a through line 5c.	5d	10,153.		
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C	5e	10,000.	10,153.	153.
6	Other taxes. List type <input checked="" type="radio"/>	6			
7	Add line 5e and line 6.	7	10,000.	10,153.	153.

Interest You Paid

8a	Home mortgage interest and points reported to you on federal Form 1098	8a	8,016.		
8b	Home mortgage interest not reported to you on federal Form 1098	8b			
8c	Points not reported to you on federal Form 1098	8c			
8d	Mortgage insurance premiums	8d			
8e	Add line 8a through line 8d.	8e	8,016.		
9	Investment interest	9			
10	Add line 8e and line 9.	10	8,016.		

Gifts to Charity

11	Gifts by cash or check	11	600.		
12	Other than by cash or check	12			
13	Carryover from prior year	13			
14	Add line 11 through line 13	14	600.		

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	15			
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Other Itemized Deductions

16	Other—from list in federal instructions	16			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17	18,616.	10,153.	153.

18	Total. Combine line 17 column A less column B plus column C	18			8,616.
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Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions. 19

20 Tax preparation fees. 20

21 Other expenses- investment, safe deposit box, etc. List type 21

22 Add line 19 through line 21 22

23 Enter amount from federal Form 1040 or 1040-SR, line 11 216,473.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25

26 **Total Itemized Deductions.** Add line 18 and line 25. 26

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$212,288
 Head of household \$318,437
 Married/RDP filing jointly or qualifying widow(er) \$424,581

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 29

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
 Single or married/RDP filing separately. See instructions. \$4,803
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,606 30

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from Part II, line 27, column E 1 .

2 Enter your deductions from line 30 2 .

3 **Deduction Percentage.** Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- 3 .

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3 4 .

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- 5 .

Health Coverage Exemptions and Individual Shared Responsibility Penalty

2021

3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return

R & M NAIR

SSN or ITIN

826-67-5269

Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

1	First Name <input checked="" type="radio"/> REMYA SOMASUNDARAN	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 826-67-5269	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 05/28/1989	Modified AGI <input checked="" type="radio"/> 218,473.
	Last Name <input checked="" type="radio"/> NAIR		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
2	First Name <input checked="" type="radio"/> M P DIPIN	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 839-53-4927	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 08/25/1987	Modified AGI <input checked="" type="radio"/> 0.
	Last Name <input checked="" type="radio"/> NAIR		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
3	First Name <input checked="" type="radio"/> ANAIRA	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 753-57-7023	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 10/25/2021	Modified AGI <input checked="" type="radio"/> 0.
	Last Name <input checked="" type="radio"/> NAIR		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
4	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
5	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
6	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
7	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
8	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
9	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
10	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
11	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
12	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions.

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

Coverage and Exemption Codes

		(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name <input type="radio"/> M P DIPIN	<input type="radio"/> E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/> NAIR		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	First Name <input type="radio"/> REMYA SOMASUNDARAN	<input type="radio"/> E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/> NAIR		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	First Name <input type="radio"/> ANAIRA	<input type="radio"/> E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/> NAIR		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Part IV Individual Shared Responsibility Penalty

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.
See instructions ● 1. _____ 0.

Name as Shown on Return R & M NAIR	Social Security No. 826-67-5269
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Line 1 – Wages, Salaries, Tips, Etc.

	(B) Subtractions	(C) Additions
1 Excess reimbursements from Form 2106 included in wage income		
2 Active duty military pay		
3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act		
4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also)		
5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO).		
6 Ridesharing fringe benefit differences		
7 HSA employer contributions		2,000.
8 Paid Family Leave Insurance (PFL) benefits		
9 Employer-provided adoption benefits income exclusions.		
10 In-Home Supportive Services (IHSS) supplementary payment		
11 Native American income (Form 3504)		
12		
a as smallest of amount spent or fair rental value.		
b Enter the amount spent on qual. housing expenses _____		
13 Excess moving reimbursements		
14 CA Employees and federal Independent Contractors income		
15 Employer-provided dependent care assistance exclusion		
16 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1.		2,000.

Line 4 – IRA, Pensions, and Annuities

	(B) Subtractions	(C) Additions
IRA's		
1 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4		

Pensions and Annuities

	(B) Subtractions	(C) Additions
1 Form 1099-R, Railroad Retirement Benefits		
Check here to confirm the Tier 2 RRB above is correct . . . ▶ <input type="checkbox"/>		
2 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5.		