

OMBNb 1545-0074

Department of the Treasury
Internal Revenue Service

ERO must obtain and retain completed Form 8879. tion

► Go to www.irs.gov/Form8879for the latest inform	nat

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ial sea	uritynumber	
976-98-5403		
reau	tharizing)	
1	75,752	
2	5,183	
3	4,371	
4	4,188	
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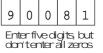
5		5
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy	/ofyour return)

Under penalties of perjury, I dedare 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 (ariginal anamended) 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 advnowledgement of receipt or reason for rejection of the transmission, (b) the reason for any clear in processing the return on refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treesury 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 oved 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 advrowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

to enter or operate my PIN



asmy

ERO firm name signature on the income tax return (original or amended) I am now authorizing

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

Yarsignature

Date

Spouse's PIN: check are box only

X Lauthorize GLOBAL TAXES LLC

to enter or generate my PIN

5 0 3 4 asmv Enterfivedigits, but

don tenter all zeros

8

ERO firm name signature on the income tax return (original or amended) I am now authorizing

I will entermy 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 Mow.

Spoueess	igrature D	ate								
	Practitioner PINMethod Returns Only-continue	ebel	OW							
PartIII	Certification and Authentication — Practitioner PIN Method Only									
EROSEFII	VPIN Enteryarsix-digitEFINfallowed by your five-digitself-selected PIN	5	8	7		6 all ze	 9	8	9	

I certify that the above numeric entry is my RIN, 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

EROssignature►	Date►	
	EROMust Retain This Farm — See Instructions Dan't Submit This Farm to the IRS Unless Requested To Do So	

E	1	\frown	Departme	entof the Treasu	y—lı	nternal Revenue	Service		(99)
ЦЦ		OH.	U.S.	entof the Treasu	Э	Income ⁻	Tax	Retu	m

OMBNo 1545-0074	IRS Use Only—Do notwrite or staple in this space

Filing Statu Checkonly		Single 🛛 Married filingjointly 🗌								
arebox	-	suchecked the MFS box, enter the r son is a child but not your dependen		iyarqause Ifiya	uchec	ked the HOH o	тQN	/box, enterth	echilds	snameifthequalifying
Yourfirstname	eardmiddleiritial Lastrame Yo									ocial security number
GOUTHAM			CHOLAVETI 8							19-0081
lfjantretum, s	pares	sfirstnameandmiddleinitial	Læstræme Sk							s social security number
SREEVAN	I		BEEC	GALA					976-	98-5403
Homeachress	(rumbe	erand street). If you have a P.O. box, see	einstruct	aroi				Apt no	Preside	ential Election Campaign
1519 N 1	122NI) PLAZA						3		hereifyay oryar
City, town, arp	costaffia	ce. If you have a foreign address, also co	mpletes	spaces below.	Sta	ate	ZIP	xxxe		othisfund. Checkinga
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Standard	Sam	eone can daim: 🗌 You as a de	pender	nt 🗌 Yaurspo	ææ	sa dependent				
Deduction		Spouse i temizes on a separate retur	narya	uwareadual-statu	salia	n				
Ace/Blimbes	s Yau	🗌 Wereborn before January 2, 1	957	Areblind S	pous	≃ ∏Washn	mhe	foreJanuary2	2 1957	Isblind
Dependent				(2) Social secu		(3) Relationsh		5		pr (see instructions):
lfmare		irstrame Lastrame		number	Тţу	toyou	ΠP	Child tax a		Gredit for other dependents
thanfour	SAH	IAJ V CHOLAVETI		976-98-54	33	Son				X
dependents,	СУН	IASRA G CHOLAVETI		755-66-97		Daughter	_	×		
sæinstruction and check	6									
here										
	1	Wages, salaries, tips, etc. Attach F	-am(s)	W-2			. '		. 1	82,452.
Attach	_2a	-	2a		b	Taxable interes	st		2	
Sch Bif	:a	Qualified dividends	3a			Ordinarydivide			3	>
required.	4a	IRAdistributions	4a			Taxable amour			. 40)
	5a	Pensions and annuities	5a		b	Taxable amour	nt.		. 50	>
Standard	6 a	Social security benefits	6a		b	Taxable amour	nt.		. 6t)
Deduction for-	7	Capital gain or (loss). Attach Sche	dUeDi	ifrequired Ifrotre	quirea	d, check here		🕨 🗌] 7	,
 Singleor Married filing 	8	Other income from Schedule 1, lin	е10						. 8	-6,700.
separately, \$12,550	9	Add lines 1, 20, 30, 40, 50, 60, 7, 3	and 8 ⁻	Thisisyour total ir		э			9	75,752.
 Married filing 	10	Adjustments to income from Sche	dule 1,	line 26					. 10	2
jaintlyar Qualifying	11	Subtractline 10 from line 9. This is	syara	ndjusted gross inc	me	_. .			11	1 75,752.
widow(er), \$25,100	12a	12a Standard deduction or itemized deductions (from Schedule A) 12a 25,100.								
•Headof	b	Charitable contributions if you take	thesta	ndard deduction (s	æins	tructions) 12	b			
hausehold, \$18,800	С	Add lines 12a and 12b							12	د 25,100.
• If you checked	13	Qualified business income deduct	ianfron	n Fam 8995ar Fa	m 89	955A			. 13	3
anyboxunder Standard	14	Add lines 12c and 13							. 14	4 25,100.
Deduction, see instructions.	15	Taxable income. Subtract line 14	l from lir	ne 11. lfzeroarles	s, enti	er-0			. 15	5 50,652.
For Disclosure	Privac	v Act, and Paperwork Reduction Act N	btice s	e separate instruct	ami					Form 1040(2021)

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2

sure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions

040(2021)

Farm 1040(202	1)							Page.
	16	Tax (see instructions). Check if any from For	m(s): 1 🗌 88	14 2 4972	3		. 10	6 5,683.
	17	Amount from Schedule 2 line 3					. 1	7
	18	Add lines 16 and 17					. 18	8 5,683.
	19	Nonefundable child tax area it ar area it fa	-other depende	ents from Schedule	e8812.		. 10	9 500.
	20	Amount from Schedule 3 line 8					. 2	D
	21	Add lines 19 and 20					. 2	1 500.
	22	Subtractline 21 from line 18 Ifzeroor less	senter-O.				. 2	
	23	Other taxes, including self-employment tax					. 2	з 0.
	24	Add lines 22 and 23 This is your total tax					▶ 2	
	25	Federal income tax withheld from:						
	а	Fam(s)W-2			25a	4,37	1.	
	b	Farm(s) 1099			250			
	С	Otherfams (see instructions)			25c			
	d	Add lines 25a through 25c			·		. 25	īd 4,371.
	26	2021 estimated tax payments and amount						
lfyouhavea ^L qualifying.child,	27a	Earned income credit (EIC)			27a			
attach Sch EIC.		Check here if you were born after Jar			2.0			
		January 2, 2004, and you satisfy all .	the other requ	irements for				
		taxpayers who are at least age 18 to dain		nstructions 🕨 🗌				
	b	Nontaxable.combat.pay.election	. 27 b					
	С	Prioryear (2019) earred income	. 27c					
	28	Refundable child tax credit cradditional chil	dtaxareditfran	n Schedule 8812	28	3,60	0.	
	29	American opportunity area it from Form 88	63 line 8		29			
	30	Recovery rebate credit See instructions .			30	1,40	0.	
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27a and 28 through 31. These ar	eyour total oth	ner payments and	d refundable	earedits	▶ 3	
	33	Add lines 25d, 26, and 32 These are your	total payments	S			▶ 3	g 9,371.
Refund	34	Ifline 33 is more than line 24 subtract line	24 from line 3	3 Thisis the amou	ntyouoven	baid.	. 3	4,188.
	35a	Amount of line 34 you want refunded to y	cu IfFarm 888	Bisattached, che	okhere .	🕨	□ <u>3</u> €	ā 4,188.
Direct deposit?	►b	Routing number 2 1 1 3 9 1 8		▶сТуре 🗙	Checking	🗌 Savir	agr	
Sæinstructions	►d	Accountrumber 4 4 6 6 4 1 2	2 6					
	36	Amount of line 34 you want applied to you	r 2022 estimat	ted tax 🕨	36			
Amount	37	Amount you ove. Subtractline 33 from lin	ne 24 For detai	lsonhow to pay, s	sæinstructi	ans .	▶ 3	7
YouOwe	38	Estimated tax penalty (see instructions) .		🕨	38			
Third Party	/ Do) you want to allow another person to di	scues this retu	un with the IRS?				_
Designee		structions			. 🕨 🗌 Y	es. Compl	ete belov	n. 🗙 No
		signee's me ▶	Phone ro			Personal i number (P		л <mark></mark> т
			-				,	
Sign		der penalties of perjury, I declare that I have exami ief, they are true, correct, and complete. Declaratio						
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								nPIN, enterithere
Jaintretum?				SOFTWARE I	DEVELOPE	R	(sæinst)	
Sæinstructions	Sp	ouessignature. If a joint return, both must sign	Date	Spouse's cocupat	ian			sentyarspausean
Keep acopy for your records	,						(see inst.)	rotection PIN, enterither
<u>.</u>		(100) 101 0500		HOME MAKEP			(See II BL)	
	_	anena (402)401-0593	Email address	Goutham4yo			NI	Consultains.
Paid		parersname Preparerssign		amm= =	Date			
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	A RAM SAGAR	GUPTA TALLAM	01/29/2	022 P02	208270	
UseOnly		m'sname► GLOBAL TAXES LLC						<u>a (678)965-9522</u>
	Fin	m'sæddress⊳2530 Pebble Creek	Ln Cummin	g GA 30041			Firm's EN	
Go to www.irsg	pv/Fam	n104Dfarinstructions and the latest information		BAA	REV 01/24/22	PRO		Fam 1040(202

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

0MB No 1545-0074 21

Department of the Treasury
Internal Reven e Service

► Attach to Form 1040 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form104Dfor instructions and the latest information

Attachment Sequence No. 01 Your social security number 831-19-0081

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Partl	Additional	l Ir	ncome	
GOUTHAM	CHOLAVETI	&	SREEVANI	BEEGALA
	ownan ann i	<u> </u>		

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

гa				
1	Taxable refunds, credits, cr offsets of state and local income taxe	S	1	
2 a		2 a		
b	Date of original divorce or separation agreement (see instructions)			
З	Business income or (loss). Attach Schedule C	З		
4	Othergains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, th Schedule E		5	-6,700.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation.		7	
8	Otherincome			
а	Netoperating loss	8a (
b	Gambling income	80		
С	Cancellation of debt	38		
d	Fareignearned income exclusion from Farm 2355	84 (
е	Taxable Health Savings Account distribution	82		
f	Alaska Permanent Fund dividends	F		
g	Jurydutypay	හි		
h	Prizes and awards	ട്		
i	Activity not engaged in for profit income	8		
j	Stack options	8		
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	8		
Ι	Olympic and Paralympic medals and USOC prize money (see instructions)	8		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	ടി		
0	Section 461 () excess business loss adjustment	හ		
р	Taxable distributions from an ABLE account (see instructions).	ආ		
Z	Other income. List type and amount	ଝ		
9	Total other income Add lines & through &		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10. 1040NR, line 8		10	-6,700.
	work under Dock untigen Act Nettico, coop aux tax unct unclear antigene		C - I I	1-1/5 10/0 0001

For Paperwork Reduction Act Notice, see your tax return instructions

Schedule 1 (Form 1040) 2021

Schedule 1 (Farm 1040) 2021

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern 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 3908	 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	Penaltyonearlywithdrawal of savings	 18	
19a	Aimonypaid	 19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) 🕨		
20		 20	
21	Student loan interest deduction	 21	
22		 22	
23	Archer MSA deduction.	 23	
24	Otheradjustments		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974.		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaptains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination daims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law vidations		
j	Housing deduction from Form 2335		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k		
Z	Otheracjustments 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. here and on Form 1040or 1040SR, line 10 or Form 1040NR, line 10a	26	

			S	plementa	l Inc	omea	andL	03S			OMB	Nb 1545-0074
(Fam	1040)	(From rental real estate, royal ties, partnerships, S corporations, estates, trusts, REMICs, etc.)								$\chi \gamma \gamma 1$		
Departm	entoftheTreesury	Attach to Form 1040, 1040SR, 1040NR, or 1041.									Attac	fment
	Revenue Service (99)	,									Sequ	ence No. 13
Name(s)											tynumber	
	GOUTHAM CHOLAVETI & SREEVANI BEEGALA 831-19											
Part			From Rental Real		•		-			— ·	-	
			nstructions Ifyouarea	•								
	• •		ntsin 2021 that wal									
			ufile required Farm								. []	Yes 🗌 No
1a			echproperty (street			,						
	VIVEKANAN	DA NAC	GAR HYDERABAD	TELANGANA	IN S	500072	2					
B												
C												
1b	TypeofPrq		2 Foreachirental above, report t	real estate pro	pertyl	isted			Rental	Persone		av
	(from list be	(vvole	nersonalused	avs Check the	OIVr	nxanlv			Days	Day	S	
A	2		if you meet the qualified joint v	requirements t	pfilea	Ба ј	Α		365		0	
B			qualitiea jont v	entre sæins	rucic	пы	В					
C							С					
51	of Property.											
	gle Family Resid		3 Vacation/Shor	t-Term Rental				7 Self-	Rental			
	ti-Family Resid	ance	4 Commercial		6 Rc	yaties		80th	er (describe)		1	
Incom	-			Properties			Α		B			С
3					3			600.				
4	Royalties rece	ived .			4							
Exper	BES											
5					5							
6	Auto and trave	el (sæe ir	structions)		6							
7	Cleaning and r	mainten	ance		7			800.				
8	Commissions				8			800.				
9	Insurance.				9							
10	Legal and othe	rpofe	ssional fæs		10							
11	Management	fæs .			11		1,	000.				
12	Mortgage inter	restpaid	d tobanks, etc. (see	instructions)	12							
13	Otherinterest				13							
14	Repairs				14		1,	500.				
15	Supplies				15		1,	200.				
16	Taxes				16							
17	Utilities				17		2,	000.				
18	Depreciation	xpense	ardepletion		18							
19	Other (ist) ►				19							
20	Total expense	s Addli	nes5through19.		20		7,	300.				
21	Subtract line 2	20from l	line 3 (rents) and/or	4 (royalties). If								
	resultisa (los	s), sæ ir	nstructions to find c	utifyaumust								
	fileForm 6193	З			21		-б,	700.				
22	Deductible ren	ntal real	estate loss after lim	nitation, if any,								
	on Form 8582	2(sæins	structions)		22	(б,	700.)	((
23a	Total of all am	auntsre	parted an line 3 far	all rental prope	rties			23a		600.		
b	Total of all am	auntsre	parted an line 4 for	all royalty prop	verties			23 b				
С	Total of all am	antsre	parted an line 12fa	rall properties				23c				
d	Total of all am	antsre	parted an line 18fa	rall properties				23d				
е	Total of all am	auntsre	parted an line 20fo	r all properties				23e		7,300.		
24	Income. Add	positive	amountsshown or	iline 21. Dono	otindu	deany	losses	S.,		. 24		
25	Losses. Addro	oyaltylos	ses from line 21 and 1	rental real estate	elosse	sfromlin	re 22 l	Enter tot	al losses here	e. 25	(6,700.
26	Total rental r	ool octo	and muality inc	me or loss)	Comb	im lim	s 2/1 a	m 25 F	- nter the rec	a 1+		

26 Total rental real estate and royality 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 online 41 on page 2 . 26

For Paperwork Reduction Act Notice, see the separate instructions

-6,700.

)

SCHEDULE 8812

(Form 1040)

Cred ts for Qualifying Children and Other Dependents



OMB No 1545-0074

Attachment Sequence No. 47

2

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

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

Internal Revenue Service (99)	
Name(s) shown on return	

Department of the Treasury

• • •			securitynumber
GOUT		331-19	-0081
Part	I-A Child Tax Credit and Credit for Other Dependents		
1	Entertheamount from line 11 of your Form 1040, 1040 SR, or 1040 NR	. 1	75,752.
2a	Enterincome from Puerto Rico that you excluded		
b	5	0.	
С	Enter the amount from 15 of your Form 4563		
d	Addlines2atrough22	. <u>2</u> d	0.
З	Addlines1and2d	. 3	75,752.
4a		1.	
b	Number of drildren induced on line 4 a who were under age 6 at the end of 2021 4 a	1.	
С		0.	
5	If line 4ais more than zero enter the amount from the Line 5W orksheet, otherwise, enter -O	. 5	3,600.
6	Number of other dependents, including any qualifying children who are not under age		
	18 orwhodonothave the required social security number	1.	
	Caution Donotinduceyourself, your spouse or anyone who is not a U.S. citizen, U.S. national, or U.S. reside	nt	
	dien Also obrotintudeanyareyouindudedonline4a		
7	Mutipyline6by\$500	. 7	500.
8	Addlines5and 7	. 8	4,100.
9	Entertheamountshownbelow for your filling status		
	•Marriedfilingjointy-\$40,000		
	• All other filing statues – \$20,000 J	. 9	400,000.
10	Subtractline9fromline3		
	• Ifzeroor less, enter-Q.		
	•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 \$2000, etc 🧳 👘 👘	. 10	0.
11	Mutiplyline 10by 5% (005)	. 11	0.
12	Subtractline 11 from line 8 If zero or less enter - O	. 12	4,100.
13	Check all the boxes that apply to you (or your spouse if married filing jointly).		
	A Check hereifyou (or your spouse if manifed filing jointly) had a principal place of abode in the United Stat	æ	
	formore than half of 2021	< .	
	B Check here if you (or your spouse if manied filing jointly) were abona ficteresident of Rento Rico for 2021	ב	
Part	I-B Filers Who Check a Box on Line 13		
Cautio	n If youddrotcheck abox online 13 conct complete Part I-B; instead skip to Part I-C.		
14a	Enterthesmallerofline7orline12	. 14a	500.
b	Subtractline 14a from line 12	. 140	3,600.
С	Ifline 14a iszergenter -0; otherwise enter the amount from the Oredit Limit Worksheet A	. 14c	5,683.
d	Enterthesmaller of line 14a or line 14c	. 14d	500.
е	Addlines 14band 14d	. 14e	4,100.
f	Enter the apprepate amount of advance child tax cred t payments you (and your spouse if filling jointly) receive	સ	
-	for 2021. Sæyar Letter(s) 6419for treamants to induce on trisline I fyouaremissing Letter 6419 sæt	ne	
	instructions before on being an amount on this line. If you don't receive any advance drild tax ored t payment		0
		. 14F	0.
	Caution If the amount on this line obesi t match the aggregate amounts reported to you (and your sporce filing jointy) on your Letter (\$) 6419 the processing of your return will be delayed	IT	
g	Subtractline 14f from line 14e If zeroonless enter - O onlines 14g through 14 and go to Part III	. 14g	4,100.
h	Enter the smaller of line 14 dor line 14g This is your area t for other dependents Enter this amount on lin	ъ	
	1907 your Form 1040, 1040987, or 10401/8	. 14h	500.
i	Subtract line 14h from line 14g Thisisyour refunded bedrild tax credit Enter this amount on line 28		
	yaur Form 1040 10409R, or 1040NR	. 14	3,600.
ForPa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/24/22 PRO	Schedule	3812 (Form 1040) 2021

Schedu	e 8812 (Fam 1040) 2021	Page 2
Part	I-C Filers Who Do Not Check a Box on Line 13	
Cautio	n Ifyoucheckeelaboxonline 13 cbnotcomplete PartI-C.	
15a	Enter the amount from the Credit Limit Worksheet A.	15a
b	Enterthesmaller of line 12 or line 15a	15o
	Additional child tax credit Complete Parts II-A through II-Cifyou meet each of the following items	
	1. YouarenotfilingForm 2355	
	2 Lire4aismoetranzero	
	3 Line12ismore than line 15a	
С	If you completed Parts II-A through II-C, enter the amount from line 27, otherwise; enter-O	15c
d	Addlines 15band 15c	15d
е	Enter the appropriate amount of advance child tax areal trayments you (and your spouse if filing jointy) received	
	for 2021. Sæyar Letter (s) 6419for treamants to induce on trisline If you are missing Letter 6419 sæ tre	
	instructions before entering an amount on this line. If you don't receive any advance drild tax oreal trayments	150
		15e
	Caution If the amount on this line closes it 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	
£		117
f	Subtractline 15efform line 15d If zeroor less enter - O onlines 15f through 15h and go to Part III	15
g	Enter the smaller of line 155 or line 155. This is your non-efundade child tax credit and credit for other	150
	dependents Enter this amount on line 19 of your Form 104D 104DSR, or 104DNR.	159
h	Subtractline 15g from line 15f. This is your additional child tax credit Enter this amount on line 28 of your	10-
Dort	Form 1040 1040SR, or 1040NR	15h
Part		
	n If you file Form 2555, constanded Parts II-A through II-C; you cannot dain the additional child tax area to	v and t
	n Ifyoucheskedaboxonline 13 concomplete Parts II-A trough II-C, you can otdaim the additional childra	
	Subtractline 15 officentine 12 If zero, skip Parts II-A and II-Bandenter-Oonline 27	16a
b	Number of qualifying dilden under 18 with the required social security number: x \$1,400	1/10
	Enter the result If zero skip Parts II-A and II-B and enter-O online 27	160
17	TIP. Therumber of children you use for this line is the same as the rumber of children you used for line 4a Enter the smaller of line 16a or line 16b	17
17 10		17
b 19	Nontaxddecombatpay (seeinstructions)	
19	No Leaveline 19darkardenter-Oonline 20	
	Ves Subtract \$2,500 from the amount on line 18a Enter the result 19	
ð	Mutipy the amount on line 19 by 15% (015) and enter the result	20
2	Next Online 160 is the amount \$4,200 more?	
	No If line 20 is zero enter - O online 15 c. Othewise skip Part II-Bandenter the smaller of line 17 or line	
	20nlire27	
	Security 2013 Yes If line 2013 Security for more than line 17, skip Part II-Bandenter the amount from line 17 on line 27.	
	Othewise go toline 21.	
Part		
21	Withed social security, Medcare, and Additional Medcare taxes from Form(s) W-2	
	boxes 4 and 6 If married filing jointly, induce your sporce samounds with yours If	
	youremployerwithed or you paid Additional Medicare Tax or tier 1 RRTA taxes see	
	instructions	
22	Enter the total of the amounts from Schedule 1 (Form 1041), line 15, Schedule 2 (Form	
	1040), lire5, Schedule2(Form 1040), lire6, and Schedule2(Form 1040), lire13 . 22	
23	Addlines 21 and 22	
24	104Dand	
	10409R filers Enter the total of the amounts from Form 1040or 10409R, line 27a,	
	and Schedule 3 (Form 1040), line 11.	
	1040NR filers Enter the amount from Schedule 3 (Form 1040), line 11. / 24	
25	Subtractline 24 from line 23 If zero or less enter-O	25
26		26
	Next, enter thesmaller of line 17 or line 25 on line 27.	
Part		
27	Enterthisamountonline 15c	27
	BAA REV 01/24/22 PRO Sch	edule 8812 (Form 1040) 2021

Schedu	le 8812 (Fam 1040) 2021		Page 3
Par	t III Additional Tax (use only if line 14g on line 15f, whichever applies, is zero)		
2 8a	Enter the amount from line 14 for line 15e which ever applies	2 8a	
b	Enter the amount from line 14e or line 15d which ever applies	28 b	
29	Excess advance child tax ored t payments Subtract line 28b from line 28a If zero, stop, you conot ove the		
	additional tax	29	
3D	Enter the number of qualifying dilden 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 filling a joint return or your received more than one Letter 6419 see the instructions before maniparum ber on this line	30	
	Caution If the amount on this line doesn't match the number of qualifying dildren reported to you (and your		
	space if filing jointly) on your Letter (\$ 6419 the processing of your return will be delayed		
31	Enter the smaller of line 4 aorline 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 filling status		
	•MarriedfilingjointlyorQualifyingwidbv(er)—\$60,000		
	•Headofhousehold-\$50,000		
	•All other filing statutes - \$40000	33	
34	Subtractline 33 from line 31 fzeroor less enter-O	34	
35	Enter the amount from line 33	35	
36	Divideline 34 by line 35 Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or		
	mare; enter 1.000	36	
37	Mutiplyline32by\$2000	37	
38	Mutiplyline37byline36	38	
39	Subtractline 38 from line 37	39	
4D	Subtract line 39 from line 29 If zeroor less enter -O. This is your additional tax. If more than zero enter		
	thisamountonSchedUe2(Form 1041), line 19	4D	
	BAA REV 01/24/22 PRO Sch	redule 8	3812(Form 1040) 2021

Farm	867	Paid Preparer's Due Diligence Crecklist Earred Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (Including the Additional Child Tax Credit (ACTC) and	k	OMBI	Na 1548	50074
Departm	ecember 2021) nent of the Treasury Revenue Service	Credit for Other Dependents (ODČ)), and Head of Household (HOH) Filing Stat ► To be completed by preparer and filed with Form 1040, 1040SR, 1040NR, 1040PR,	tus or 1040-SS.	Attach Seque	ment ence No.	70
	ername(s) shown or	► Go to www.irs.gov/Form8867 for instructions and the latest information oreturn	axpayeridentif	ication n	mber	
			831-19-0			
	eparer's name and		0.01 1.7 0.	001		
SYAN	M PRIYA RAM	1 SAGAR GUPTA TALLAM	P0208270	3		
Part		igence Requirements		-		
		oropriate box for the credit(s) and/or HOH filling status daimed on the return a	nd complete	e the rela	ated P	arts I-V
		ned (check all that apply). 📜 EIC 🛛 CTC/ACTC/C		AOTC		-OH
1		lete the return based on information for the applicable tax year provided by th obtained by you? (See instructions if relying on prior year earred income)	e taxpayer	Yes	No	N⁄A
2	If credits are worksheets fo 1040, instruct worksheet(s) t	daimed on the return, did you complete the applicable EIC and/or CTC/A und in the Form 104D 104DSR, 104DNR, 104DPR, 104DSS, or Schedule 8 ions, and/or the AOTC worksheet found in the Form 8863 instructions, or hat provides the same information, and all related forms and schedules for e	1812 (Fam 1 yaur awn			
З		y the knowledge requirement? To meet the knowledge requirement, you must	obboth of	X		
		e taxpayer, ask questions, and contemporareously document the taxpayer's re rat the taxpayer is eligible to daim the credit(s) and/or HOH filing status	porses to			
		mation to determine that the taxpayer is eligible to daim the oredit(s) and/or ofigure the amount(s) of any oredit(s)	HOH filing	X		
4	information re	mation provided by the taxpayer or a third party for use in preparing the asonably known to you, appear to be incorrect, incomplete, or inconsistent? ons 4a and 4o. If "No," go toquestion 5)			X	
а	Didyoumake	reasonable inquiries to determine the correct, complete, and consistent informa	ation? .			
b	you æked, wh	emparaneously document your inquiries? (Documentation should include the nom you æked, when you æked, the information that was provided, and the i Id on your preparation of the return)	impact the			
5	keep a copy of applicable wo 8867 and any	y the record retention requirement? To meet the record retention requirement, of your obcumentation referenced in question 4b, a copy of this Form 8867, a c rksheet(s), a record of how, when, and from whom the information used to pre applicable worksheet(s) was obtained, and a copy of any obcument(s) provide you relied on to determine eligibility for the credit(s) and/or HOH filing status of	opyofany pare Form ded by the			
		of the area its)	0	X		
	• •	uments provided by the taxpayer, if any, that you relied on				
6	aredit(s) and/a	re taxpayer whether he/she could provide documentation to substantiate digb or HOH filing status and the amount(s) of any credit(s) daimed on the retur ted for audit?	nifhis/her	X		
7		e taxpayer if any of these areal ts were disallowed or reduced in a previous year	1			
,		re disallowed or reduced, go to question 7a; if not, go to question 8)			<u>K</u> 21	
а		lete the required recentification Form 8862?				
8	•	r is reporting self-employment income, did you ask questions to prepare a con				
	carectSched	UeC (Fam 1040)?				
For Pa		ion Act Notice, see separate instructions REV 01/24/22 PRO		-am 88	67 (Rev.	12-2021)

Form 8867 (Rev. 12-2021) Page 2 Due Diligence Questions for Returns Claiming EIC (fthe return does not daim EIC, gp to Part III.) PartII N⁄A Yes Nb 9a Have you determined that the taxoaver is elicible to daim the EIC for the number of qualifying children daimed, or is eligible to daim the EIC without a qualifying child? (If the taxpayer is claiming the EIC \square b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer \square c Did you explain to the taxpayer the rules about daiming the EIC when a child is the qualifying child of mare than are parson (tiebreaker rules)? Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not daim CTC, ACTC, PartIII arODC, go to Part IV.) Yes No N⁄A Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is 10 X Did you explain to the taxpayer that he she may not daim the CTC/ACTC if the child has not lived with 11 the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child is custodial parenthas released a claim to exemption for the child? X \square Dd you explain to the taxpayer the rules about daiming the CTC/ACTC/ODC for a child of divorced or 12 separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar \mathbf{X} Due Diligence Questions for Returns Claiming AOTC (If the return does not daim AOTC, go to Part V.) PartIV Did the taxpayer provide substantiation for the credit, such as a Form 1098T and/or receipts for the qualified 13 Yes Nb tuition and related expenses for the daimed AOTC? Due Diligence Questions for Claiming HOH (fthe return does not daim HOH filing status op to Part V.) PartV Nb Have you determined that the taxpayer was urmarried or considered urmarried on the last day of the tax year Yes 14 and provided more than half of the cost of keeping up a home for the year for a qualifying person? PartM **Eligibility**Certification ► You will have complied with all due diligence requirements for daiming 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 obcument the taxpayer's responses on the return on in your notes, review adequate information to determine if the taxpayer is eligible to daim 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) daimed and HOH filing status, if daimed; 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 Farm 8867. 2 The applicable worksheet(s) or your own worksheet(s) for any credit(s) daimed. 3 Capies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the aredit(s) and/ar HOH filing status and to figure the amount(s) of the aredit(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 digibility 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 daim of an applicable credit or HOH filing status (see instructions for more information). Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and Yes Nb 15 complete? X

REV 01/24/22	PRO
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Form 8867 (Rev. 12-2021)

ood Life. Great Service.				rough December 3		ax Return			RM 104	101
DEPARTMENT OF REVENUE		yaa sa ka y		through						
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19 Oredit for tax paid to another state, line 6, Nebraska Schedule II 19 00 (attach Nebraska Schedule II and a copy of the other state's return) 19 00 20 Oredit for the elderly or disabled (attach copy of Fecteral Schedule R) 20 00 21 Community Development Assistance Actored t (attach Form CDN) 21 00
(attach Nebraska Schedule II and a copy of the other state's return)190020 Oredit for the elderly or disabled (attach copy of Fecteral Schedule R)2000
20 Credit for the elderly or disabled (attach copy of Federal Schedule R)
22 Farm 3800N nonrefundable arealt (attach Farm 3800N)
23 Nebraska child/dependent care nonrefundable credit, crly if line 5 is more
than \$29,000 (attach a copy of Federal Form 2441 and see instructions) 23 00
24 Oredit for financial institution tax (attach Form NFC)
25 Employer's areal than expenses incurred for TANF (ADC) recipients (see instr.) 25 00
26 School Readness Tax Oredit for providers (see instructions)
27 Designated extremely blighted area tax aredit (attach Farm 1040N-EB) 27 00 28 Total namefundade aredits (addilines 18 through 27) 28 568 00
29 Nebraska tax after norrefundable credits. Subtract line 28 from line 17 (if line 28 is more than line 17,
enter-O). If the result is greater than your federal tax liability, see page 9 in the instructions. If entering
federal tax, check box and attach a copy of the federal return
30 Total Nebraska income tax withheld (attach 2021 Forms, see instructions)
a W-2\$ b K-1N\$
c W-2G, 1099R, 10994MISC, 10994NEC or others \$030 2,659.00
31 2021 estimated income tax payments (include any 2020 verpayment credited to
2021 and any payments submitted with an extension request)
32 Form 3800N refundable credit (attach Form 3800N)
33 Nebraska drild/dependent care refundable credit, if line 5 is \$29,000 cr less
(attacha.copy.of.Form 2441N)
34 Beginning Farmer arealit from Farm 10999 BFC (NDA NextGen)
35 Nebræska earred in <u>come oredit Ent</u> ernumber of qualifying children 97
Federal credit 98 \$.00x.10(10%) (attach pages 1-2of federal return) 35 00
36 Nebraska Property Tax Incentive Act Oredit (attach Form PTC)
37 Oredit for qualified Volunteer Emergency Responders (see instructions)
38 School Readiness Tax Oreclit for qualified staff members (see instructions)
39 Total refundade credits (addlines 30 through 33)
40 Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N penalty of -O
orgreater, or used the annualized income method, attach Form 2210N, and check this box 96
41 Total tax and penalty. Addlines 29 and 40
42 Use tax due on taxable purchases where applicable sales tax was not collected (see instructions)
Enterpurchases subject to state tax 91 \$State tax 92 \$(purchases x 55%);
Enterpurchases subject to local tax 93\$Local tax 94\$(purchases x local rate of%)
95 Local code (see local rate schedule);
Add state and local taxes and enter on line 42 If no use tax is due, enter -O on line 42
43 Total amount due If line 39 is less than total of lines 41 and 42, subtract line 39 from the total of lines 41
and 42 Pay this amount in full. For electronic or ored to and payment, check here and see instructions 43
44 Overpayment If line 39 is more than total of lines 41 and 42 subtract total of lines 41 and 42 from line 39 44 813. 00
45 Amount of line 44 you want applied to your 2022 estimated tax
47 Amount of line 44 you want refunded to you (line 44 minus lines 45 and 46) Your refund will generally be issued by July 15 if your paper return is filed by April 15 (see instructions)
48a Routing Number 2 1 1 3 9 1 8 2 5 48b Type of Account 1 1= Checking 2= Savings
Direct
48c Account Number 4 4 6 6 4 1 2 6
48d Check this box if this refund will go to a bank account outside the United States
Under penalties of parjury I dedare that as texpayer or preparer, I have examined this return and to the best of my knowledge and belief, it is the correct and complete
SON Goutham4you@gmail.com
Var Signature Date Email Address
Кеера соруст
tisiretumilăr – Spaulee's Signature (Iffiling jointly, both must sign) – Daytime Phone yar records
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DECOTO SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2022 P02082703
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preparer's SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2022 P02082703 Preparer's Signature Date P02082703 Preparer's PTIN

Mail returns not requesting a refund to Nebraska Department of Revenue, PO Box 98934, Lincoln, NE 685098934