

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 AZHAGIRY SUNDARAMOORTHY | Social security number 652-87-9574 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | |
|---|---|---------|
| 1 | Adjusted gross income | 88,723. |
| 2 | Total tax | 12,428. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 17,304. |
| 4 | Amount you want refunded to you | 4,876. |
| 5 | Amount you owe | |

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 | 9 | 5 | 7 | 4 |
|---|---|---|---|---|

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

Your signature ▶ Azhagiry Sundaramoorthy Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

 as my signature on the income tax return (original or amended) I am now authorizing.
- 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 [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: AZHAGIRY
Last name: SUNDARAMOORTHY
Your social security number: 652-87-9574
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 20419 STERLING WAY
Apt. no.:
City, town, or post office: STRONGSVILLE
State: OH
ZIP code: 44149
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main income tax table with 15 rows. Includes categories like Wages, salaries, tips, etc.; Tax-exempt interest; Qualified dividends; IRA distributions; Pensions and annuities; Social security benefits; Capital gain or (loss); Other income from Schedule 1; Adjustments to income; Standard deduction or itemized deductions; Charitable contributions; Qualified business income deduction; Taxable income.

| | | | |
|--------------------------------------|--|-----|---------|
| 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 | 12,428. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 12,428. |
| 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 | 12,428. |
| 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 | 12,428. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 17,304. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 17,304. |
| 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 | |
| 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 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 17,304. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 4,876. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,876. |
| Direct deposit? See instructions. | b Routing number 041000124 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 4132374301 | | |
| | 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 SOFTWARE ENGINEER | 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. (440) 403-5720 Email address SAZHAGIRY@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 02/04/2022 | 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
AZHAGIRY SUNDARAMOORTHY

Your social security number
652-87-9574

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 | -8,400. |
| 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 | -8,400. |

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

Schedule 1 (Form 1040) 2021

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

AZHAGIRY SUNDARAMOORTHY

652-87-9574

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 | VADAMANGALAM PUDUCHERRY IN 605102 | | | | | |
| 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 | 500. | | |
| 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 | -8,400. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (8,400.) | () | () |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 500. | |
| 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 | (8,400.) | | |
| 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 | | | -8,400. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021



02 04 22

Use only black ink/UPPERCASE letters.

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 652 87 9574

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district #

7705

First name AZHAGIRY

M.I. Last name SUNDARAMOORTHY

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 20419 STERLING WAY

Address line 2 (apartment number, suite number, etc.)

City STRONGSVILLE

State ZIP code OH 44149

Ohio county (first four letters) CUYA

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary. X Resident Part-year resident Nonresident Indicate state. Check only one for spouse (if filing jointly). Resident Part-year resident Nonresident Indicate state.

Filing Status - Check one (as reported on federal income tax return). X Single, head of household or qualifying widow(er). Married filing jointly Spouse's SSN. Married filing separately.

Ohio Nonresident Statement - See instructions for required criteria. Primary meets the five criteria for irrefutable presumption as nonresident. Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here. If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 3 columns: Description, Amount, and Code. Rows include Federal adjusted gross income, Additions, Deductions, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY Code

2021 Ohio IT 1040 Individual Income Tax Return

SSN 652 87 9574



21000298 Sequence No. 2

| | | |
|---|-----------------------------|-----------------------------------|
| 7a. Amount from line 7 on page 1 | 7a. | 86823 00 |
| 8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)..... | 8a. | 2252 00 |
| 8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule) | 8b. | 00 |
| 8c. Income tax liability before credits (line 8a plus line 8b) | 8c. | 2252 00 |
| 9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)..... | 9. | 2252 00 |
| 10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) | 10. | 0 00 |
| 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)..... | 11. | 00 |
| 12. Unpaid use tax (see instructions) | 12. | 00 |
| 13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)..... | 13. | 0 00 |
| 14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements) | 14. | 00 |
| 15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return | 15. | 00 |
| 16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule) | 16. | 00 |
| 17. Amended return only – amount previously paid with original and/or amended return | 17. | 00 |
| 18. Total Ohio tax payments (add lines 14, 15, 16 and 17)..... | 18. | 00 |
| 19. Amended return only – overpayment previously requested on original and/or amended return..... | 19. | 00 |
| 20. Line 18 minus line 19. Place a "-" in the box if negative..... | 20. | 00 |
| If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. | | |
| 21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13..... | 21. | 0 00 |
| 22. Interest due on late payment of tax (see instructions) | 22. | 00 |
| 23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" | 23. | 0 00 |
| 24. Overpayment (line 20 minus line 13) | 24. | 00 |
| 25. Original return only – portion of line 24 carried forward to next year's tax liability | 25. | 00 |
| 26. Original return only – portion of line 24 you wish to donate: | | |
| a. Military Injury Relief | b. Ohio History Fund | c. Nature Preserves/Scenic Rivers |
| 00 | 00 | 00 |
| d. Breast/Cervical Cancer | e. Wishes for Sick Children | f. Wildlife Species |
| 00 | 00 | 00 |
| | | Total26g. |
| 27. REFUND (line 24 minus lines 25 and 26g)..... | YOUR REFUND ▶ 27. | 00 |

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

▶ Primary signature _____ Phone number (440) 403-5720

▶ Spouse's signature _____ Date _____

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057



2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

652 87 9574



21280198

Sequence No. 7

02 04 22

Nonrefundable Credits

| | | | |
|---|-----|------|----|
| 1. Tax liability before credits (from Ohio IT 1040, line 8c) | 1. | 2252 | 00 |
| 2. Retirement income credit (see instructions for table; include 1099-R forms) | 2. | | 00 |
| 3. Lump sum retirement credit (see instructions for worksheet; include a copy) | 3. | | 00 |
| 4. Senior citizen credit (must be 65 or older to claim this credit) | 4. | | 00 |
| 5. Lump sum distribution credit (see instructions for worksheet; include a copy) | 5. | | 00 |
| 6. Child care & dependent care credit (see instructions for worksheet; include a copy) | 6. | | 00 |
| 7. Displaced worker training credit (see instructions for all required documentation; include copies) | 7. | | 00 |
| 8. Campaign contribution credit for Ohio statewide office or General Assembly | 8. | 0 | 00 |
| 9. Income-based exemption credit (\$20 times the number of exemptions) | 9. | 0 | 00 |
| 10. Total (add lines 2 through 9) | 10. | 0 | 00 |
| 11. Tax less credits (line 1 minus line 10; if negative, enter zero) | 11. | 2252 | 00 |
| 12. Joint filing credit (see instructions for table). % times line 11, up to \$650 | 12. | | 00 |
| 13. Earned income credit | 13. | | 00 |
| 14. Home school expenses credit | 14. | | 00 |
| 15. Scholarship donation credit | 15. | | 00 |
| 16. Nonchartered, nonpublic school tuition credit | 16. | | 00 |
| 17. Ohio adoption credit | 17. | | 00 |
| 18. Nonrefundable job retention credit (include a copy of the credit certificate) | 18. | | 00 |
| 19. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ... | 19. | | 00 |
| 20. Grape production credit | 20. | | 00 |
| 21. InvestOhio credit (include a copy of the credit certificate) | 21. | | 00 |
| 22. Lead abatement credit (include a copy of the credit certificate) | 22. | | 00 |
| 23. Opportunity zone investment credit (include a copy of the credit certificate) | 23. | | 00 |
| 24. Technology investment credit carryforward (include a copy of the credit certificate) | 24. | | 00 |
| 25. Enterprise zone day care & training credits (include a copy of the credit certificate) | 25. | | 00 |
| 26. Research & development credit (include a copy of the credit certificate) | 26. | | 00 |



2021 Ohio Schedule of Credits

Primary taxpayer's SSN
652 87 9574



21280298

Sequence No. 8

| | | |
|---|-----|---------|
| 27. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)..... | 27. | 00 |
| 28. Total (add lines 12 through 27) | 28. | 0 00 |
| 29. Tax less additional credits (line 11 minus line 28; if negative, enter zero)..... | 29. | 2252 00 |

Nonresident Credit

| Dates of Ohio residency | to | Other state of residency | |
|--|----|--------------------------|------|
| 30. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) | | | 00 |
| 31. Ohio adjusted gross income (Ohio IT 1040, line 3)..... | | | 00 |
| 32a. Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000) | | | 32a. |
| 32. Nonresident credit (line 29 times line 32a) | | | 00 |

Resident Credit

| | | | |
|--|--|--|-------------|
| 33. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident - Ohio IT RC, line 1a (include a copy) | | | 96990 00 |
| 34. Ohio adjusted gross income (Ohio IT 1040, line 3)..... | | | 88723 00 |
| 35a. Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000)..... | | | 35a. 1.0000 |
| 35. Line 29 times line 35a | | | 2252 00 |
| 36. 2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy) | | | 4182 00 |
| 37. Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax | | | 2252 00 |
| IA | | | |
| 38. Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) .. | | | 2252 00 |

Refundable Credits

| | | |
|--|-----|----|
| 39. Refundable Ohio historic preservation credit (include a copy of the credit certificate)..... | 39. | 00 |
| 40. Refundable job creation credit & job retention credit (include a copy of the credit certificate) | 40. | 00 |
| 41. Pass-through entity credit (include a copy of the Ohio IT K-1s)..... | 41. | 00 |
| 42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)..... | 42. | 00 |
| 43. Venture capital credit (include a copy of the credit certificate) | 43. | 00 |
| 44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)..... | 44. | 00 |



IT RC – Ohio Resident Credit Calculation

Use this form for tax years 2020 and forward.

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Include a copy of this form when filing your Ohio IT 1040.

| | |
|--|--------------------|
| Taxpayer name AZHAGIRY SUNDARAMOORTHY | SSN 652 87 9574 |
|--|--------------------|

List any income taxed and any taxes paid to each state next to its postal abbreviation and list any income taxed and taxes paid to the District of Columbia next to "DC." You should include taxes paid on a composite income tax return if the taxes were not deductible in computing your federal adjusted gross income. Only income included in your Ohio adjusted gross income is eligible for this credit.

States without an income tax are not listed; do not include income earned or received in those states on this form. Additionally, full-year nonresidents are not entitled to this credit and should not use this form.

Important: Do not list any income in column A if you do not have tax paid in column B. Do not list a tax paid in column B if you do not have income taxed in column A.

| | (A) Income Taxed | | (B) Tax Paid | | (A) Income Taxed | | (B) Tax Paid | |
|----|---------------------|----|-----------------|----|---------------------|--|-----------------|----|
| AL | | 00 | | 00 | MN | | 00 | 00 |
| AR | | 00 | | 00 | MO | | 00 | 00 |
| AZ | | 00 | | 00 | MS | | 00 | 00 |
| CA | | 00 | | 00 | MT | | 00 | 00 |
| CO | | 00 | | 00 | NC | | 00 | 00 |
| CT | | 00 | | 00 | ND | | 00 | 00 |
| DC | | 00 | | 00 | NE | | 00 | 00 |
| DE | | 00 | | 00 | NH | | 00 | 00 |
| GA | | 00 | | 00 | NJ | | 00 | 00 |
| HI | | 00 | | 00 | NM | | 00 | 00 |
| IA | 96990 | 00 | 4182 | 00 | NY | | 00 | 00 |
| ID | | 00 | | 00 | OK | | 00 | 00 |
| IL | | 00 | | 00 | OR | | 00 | 00 |
| IN | | 00 | | 00 | PA | | 00 | 00 |
| KS | | 00 | | 00 | RI | | 00 | 00 |
| KY | | 00 | | 00 | SC | | 00 | 00 |
| LA | | 00 | | 00 | UT | | 00 | 00 |
| MA | | 00 | | 00 | VA | | 00 | 00 |
| MD | | 00 | | 00 | VT | | 00 | 00 |
| ME | | 00 | | 00 | WI | | 00 | 00 |
| MI | | 00 | | 00 | WV | | 00 | 00 |

1a. **Ohio Adjusted Gross Income Taxed by Other States and the District of Columbia** (sum of all Column A amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits 1a. 96990 00

1b. **Tax Paid to Other States and the District of Columbia** (sum of all Column B amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits..... 1b. 4182 00



2021-City Tax Form — Due April 18, 2022

90% payment due January 15, 2022 to avoid penalty and interest (see ordinance)

CCA FORM 120-16-IR

CCA – DIVISION OF TAXATION

216.664.2070 • 800.223.6317

www.ccatax.ci.cleveland.oh.us

Refund, Amended, Individual, Joint, Extension Attached

PRINT OR TYPE

Name: AZHAGIRY SUNDARAMOORTHY, Social Security No.: 652-87-9574

Current address: 20419 STERLING WAY, City, State, Zip: STRONGSVILLE OH 44149

IF MOVED DURING THE YEAR SHOW CHANGES BELOW

Move In/Move Out options for address changes

TAXABLE INCOME table with columns for 1. Employ 's Name, CITY, INCOME, 2. Total Wages, 3. Business Income, 4. Rental Income, 5. K-1 Income, 6. Other Income Source, CITY OF RESIDENCE, PHONE NUMBER

NOTE: IF TOTAL WAGES WERE EARNED IN THE SAME CITY YOU LIVED IN AND CITY TAX WAS CORRECTLY WITHHELD, COMPLETE GREEN SECTIONS ONLY, SIGN, DATE, ATTACH W-2 FORMS AND MAIL RETURN.

SECTION A Employment / Profit Tax 2021 table with columns 1-8 and sub-rows 9-11

SECTION A-1 Employment / Profit Tax Estimate For 2022 table with columns 9-13 and sub-rows 12-13

SECTION B Residence Tax 2021 table with columns 14-20 and sub-rows 14-16

SECTION B-1 Residence Tax Estimate for 2022 table with columns 21-25 and sub-rows 17-18

18 Tax Due with this return – Add Figures Shown in Last Column of Lines 10-13-15-17 Write Taxpayer Identification Number on Remittance. Make check payable to CCA - Division of Taxation.

DECLARATION: I DECLARE THAT I HAVE EXAMINED THIS RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Do you authorize your preparer to contact us regarding this return? YES [] NO []

SIGN HERE: Signature of Taxpayer, Signature of Spouse, DATE, Signature of Preparer, DATE

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: AZHAGIRY
Last name: SUNDARAMOORTHY
Your social security number: 652-87-9574
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
20419 STERLING WAY
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
STRONGSVILLE
State: OH
ZIP code: 44149
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main income tax table with 15 rows. Includes categories like Wages, salaries, tips, etc.; Tax-exempt interest; Qualified dividends; IRA distributions; Pensions and annuities; Social security benefits; Capital gain or (loss); Other income from Schedule 1; Adjustments to income; Standard deduction or itemized deductions; Charitable contributions; Qualified business income deduction; Taxable income. Total taxable income: 75,873.

| | | | |
|--------------------------------------|--|-----|---------|
| 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 | 12,428. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 12,428. |
| 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 | 12,428. |
| 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 | 12,428. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 17,304. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 17,304. |
| 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 | |
| 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 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 17,304. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 4,876. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,876. |
| Direct deposit? See instructions. | b Routing number 041000124 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 4132374301 | | |
| | 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 SOFTWARE ENGINEER | 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. (440) 403-5720 Email address SAZHAGIRY@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 02/04/2022 | 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
AZHAGIRY SUNDARAMOORTHY

Your social security number
652-87-9574

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 | -8,400. |
| 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 | -8,400. |

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

Schedule 1 (Form 1040) 2021

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 | |