

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name SADHANA HANUMANDLA		Social security number 734-95-6313
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	1	80,414.
2	Total tax	2	10,681.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	11,994.
4	Amount you want refunded to you	4	1,313.
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 

5	6	3	1	3
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 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

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 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**  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 SADHANA	Last name HANUMANDLA	Your social security number 734-95-6313
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. 201 SE JAYHAWK BLVD		Apt. no. 208	<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. BENTONVILLE	State AR	ZIP code 72712	
Foreign country name	Foreign province/state/county	Foreign postal code	

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

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

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

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

	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	86,394.
Attach Sch. B if required.	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	<b>5b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 10 . . . . .		<b>8</b>	-5,980.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		<b>9</b>	80,414.
	<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .		<b>10</b>	
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		<b>11</b>	80,414.
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <b>Standard Deduction</b> , see instructions.	<b>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>		12,550.
	<b>b</b>	Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>		
	<b>c</b>	Add lines 12a and 12b . . . . .		<b>12c</b>	12,550.
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .		<b>13</b>	
	<b>14</b>	Add lines 12c and 13 . . . . .		<b>14</b>	12,550.
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b>	67,864.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	10,681.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	10,681.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	10,681.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	10,681.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	11,994.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	11,994.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float:right">No</span> 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>27a</b>	
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	11,994.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	1,313.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	1,313.
Direct deposit? See instructions.	<b>b</b> Routing number 1 0 1 1 0 0 0 4 5 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 5 1 8 0 0 9 5 5 7 2 6 6		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

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, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (832) 420-5987 Email address SADHANAREDDY.H@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 03/29/2022	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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

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

Your social security number  
734-95-6313

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-5,980.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling income . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution . . . . .	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends . . . . .	<b>8f</b>	
<b>g</b>	Jury duty pay . . . . .	<b>8g</b>	
<b>h</b>	Prizes and awards . . . . .	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income . . . . .	<b>8i</b>	
<b>j</b>	Stock options . . . . .	<b>8j</b>	
<b>k</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8k</b>	
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>	
<b>z</b>	Other income. List type and amount ▶ _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-5,980.

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

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

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

Name(s) shown on return

Your social security number

SADHANA HANUMANDLA

734-95-6313

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

**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	10-2/1, GUDEM BEGUMPET, SIDDIPET TELANGANA IN 505528				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		355	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

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

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		500.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		80.		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		200.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		600.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>		800.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>				
<b>14</b>	Repairs. . . . .	<b>14</b>		2,100.		
<b>15</b>	Supplies . . . . .	<b>15</b>		1,400.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		1,300.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		6,480.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>		-5,980.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	5,980.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		500.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		6,480.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	5,980.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		-5,980.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-5,980.

Schedule E (Form 1040) 2021



211010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

SADHANA First Name MI HANUMANDLA Last Name 734956313 SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2022 estimated tax
2. Amount of overpayment to be refunded to you REFUND 919
3. Total amount due (Pay in full by April 15, 2022. See instructions.)

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2021 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN 56313 Enter five digits. Do not enter all zeros.

[ ] I will enter my PIN as my signature on my tax year 2021 electronically filed 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 PIN: check one box only

[ ] I authorize ERO firm name to enter or generate my PIN Enter five digits. Do not enter all zeros.

[ ] I will enter my PIN as my signature on my tax year 2021 electronically filed 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 signature Date

Practitioner PIN Method Returns Only

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. 58727861989 Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2021 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 03292022

DO NOT MAIL



215050013

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2021, ENDING \_\_\_\_\_

Print Using Blue or Black Ink Only

734956313 Social Security Number Spouse's Social Security Number

SADHANA First Name MI

HANUMANDLA Last Name



Spouse's First Name MI

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

Spouse's Last Name

201 SE JAYHAWK BLVD Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Maryland County

208 Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City, Town or Taxing Area

Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

BENTONVILLE City or Town AR 72712 State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. [ ] Married filing joint return or spouse had no income 3. [ ] Married filing separately, Spouse's SSN 4. [ ] Head of household 5. [ ] Qualifying widow(er) with dependent child 6. [ ] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. AR

If PA resident, enter both County and City, Borough or Township

Were you a resident of another state for the entire year of 2021? If no, attach explanation. [ ] Yes [X] No

Are you or your spouse a member of the military? [ ] Yes [X] No

Did you file a Maryland income tax return for 2020? [X] Yes [ ] No If "Yes," was it a [ ] Resident or a [X] Nonresident return?

Dates you resided in Maryland for 2021. If none, enter "NONE": FROM None TO None (MMDDYYYY).

[ ] Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

A. [X] Yourself [ ] Spouse Enter number checked 1 See Instruction 10 A. \$ 3200

B. [ ] 65 or over [ ] 65 or over

[ ] Blind [ ] Blind Enter number checked [ ] X \$1,000 B. \$

C. Enter number from line 3 of Dependent Form 502B [ ] See Instruction 10 C. \$

D. Enter Total Exemptions (Add A, B and C.) [ ] Total Amount D. \$ 3200

Place your W-2 wage and tax statements and ATTACH HERE with ONE stapler. Do not attach check or money order to Form 505. Attach check or money order to Form PV.





215050113

Name SADHANA HANUMANDLA SSN 734956313

INCOME AND ADJUSTMENTS INFORMATION

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 1-17.

ADDITIONS TO INCOME

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 18-21.

SUBTRACTIONS FROM INCOME

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 22-25.

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 26-31.

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 32-33.



215050213

Name SADHANA HANUMANDLA SSN 734956313

- 34. Other income tax credits... 34.
35. Business tax credits... You must file this form electronically to claim business tax credits on Form 500CR
36. Total credits... 36.
37. Maryland tax after credits... 37. 4635
38. Contribution to Chesapeake Bay and Endangered Species Fund... 38.
39. Contribution to Developmental Disabilities Services and Support Fund... 39.
40. Contribution to Maryland Cancer Fund... 40.
41. Contribution to Fair Campaign Financing Fund... 41.
42. Total Maryland income tax and contributions... 42. 4635
43. Total Maryland tax withheld... 43. 5554
44. 2021 estimated tax payments... 44.
45. Nonresident tax paid by pass-through entities... 45.
46. Refundable income tax credits... 46.
47. Total payments and credits... 47. 5554
48. Balance due... 48.
49. Overpayment... 49. 919
50. Amount of overpayment TO BE APPLIED TO 2022 ESTIMATED TAX... 50.
51. Amount of overpayment TO BE REFUNDED TO YOU... 51. 919
52. Interest charges... 52.
53. TOTAL AMOUNT DUE... 53.

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, use Form 588. To comply with banking and NACHA (National Automated Clearing House Association) rules, if this refund will go to an account outside of the United States, place "Y" in this box [ ] or if you authorize the State of Maryland to direct deposit your refund check this box [X] and complete the following information clearly and legibly.

54a. Type of account: [X] Checking [ ] Savings 54b. Routing Number (9-digits) 101100045
54c. Account Number 518009557266 54d. Name(s) as it appears on the bank account

Check here [ ] if you authorize your preparer to discuss this return with us. Check here [ ] if you authorize your paid preparer not to file electronically. Check here [ ] if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date Spouse's signature Date
8324205987 Taxpayer(s) daytime phone number
2530 PEBBLE CREEK LN Street address of Preparer/Firm
CUMMING GA 30041 City, State, ZIP Code + 4
SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of Preparer other than taxpayer (Required by Law)
GLOBAL TAXES LLC Printed name of the Preparer/Firm's name
6789659522 Telephone number of Preparer P02082703 Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)



**For returns filed without payments, mail your completed return to:**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

**For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:**

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888



**MARYLAND FORM 505NR**

**NONRESIDENT INCOME TAX CALCULATION**  
ATTACH TO YOUR TAX RETURN



21505N013

**2021**

Print Using Blue or Black Ink Only

SADHANA First Name MI HANUMANDLA Last Name 734956313 Social Security Number  
 Spouse's First Name MI Spouse's Last Name Spouse's Social Security Number

**If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form. If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.**

**PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS**

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) . . . . . 1. 80844  
 2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. . . . . 2. 3788

**PART II - CALCULATION OF MARYLAND TAX**

3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) . . . . . 3. 80414  
 3a. Earned Income (See instructions.) . . . . . ▶ 3a. 86394  
 4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. . . . . 4. 86394  
 5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. . . . . 5. \_\_\_\_\_  
 6a. Enter your subtractions from line 23 of Form 505 or Form 515 . . . . . 6a. \_\_\_\_\_  
 6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) . . . . . ▶ 6b. 14616  
 7. Add lines 5 through 6b. . . . . 7. 14616  
 8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. . . . . 8. 71778

**If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a . . 8a.** 2350

9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000. . . . . 9. 892606  
 10. Deduction amount.  
 If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a . . 10a. 2098  
 If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b. . . 10b. \_\_\_\_\_

**Form 515 Users, see Instruction 18 in Form 515 Instructions.**

11. Net income (Subtract line 10a or 10b from line 8.) . . . . . 11. 69680  
 12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. . . . . 12. 2856  
 13. Maryland Taxable Net Income (Subtract line 12 from line 11.) . . . . . 13. 66824  
 14. Enter the tax amount from line 2 of this form. . . . . 14. 3788  
 15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. . . . . 15. 826580  
 16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33) . . . . . 16. 3131  
 17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0. . . . . 17. 1504

**FOR FORM 515 FILERS ONLY.**

**If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.**

18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0 . . . . . 18. \_\_\_\_\_

# 2021 AR1000F



# AR1

## ARKANSAS INDIVIDUAL INCOME TAX RETURN

### Full Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2021 or fiscal year ending \_\_\_\_\_, 20\_\_ •

PROSERIES

USE LABEL OR PRINT OR TYPE	Primary's legal first name • SADHANA	MI •	Last name • HANUMANDLA	Check if Deceased <input type="checkbox"/>	Primary's social security number • 734-95-6313
	Spouse's legal first name •	MI •	Last name •	Check if Deceased <input type="checkbox"/>	Spouse's social security number •
	Mailing address (number and street, P.O. box or rural route) • 201 SE JAYHAWK BLVD, APT. 208				<input type="checkbox"/> Check if address is outside U.S.
City • BENTONVILLE		State or province • AR		ZIP • 72712	Foreign country name

FILING STATUS Check Only One Box	1. <input checked="" type="checkbox"/> Single (Or widowed before 2021 or divorced at end of 2021)	4. <input type="checkbox"/> Married filing separately on the same return
	2. <input type="checkbox"/> Married filing joint (Even if only one had income)	5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____
3. <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____		6. <input type="checkbox"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____

Check here if you want a tax booklet mailed to you next year.

**Check this box if you have filed a state extension or an automatic federal extension**

PERSONAL TAX CREDITS	7A. <input checked="" type="checkbox"/> Yourself	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Head of household/surviving spouse (Filing status 3 only)
	<input type="checkbox"/> Spouse	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> (Filing status 6 only)

Multiply number of boxes checked ..... 7A  X \$29 = 29.00

**Dependents (Do not list yourself or spouse)**

1.	2.	3.
First name	Last name	Dependent's social security number

7B. Multiply number of DEPENDENTS from above ..... 7B  X \$29 = 00

7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) ..... 7C  X \$500 = 00

7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) ..... 7D 29.00

ID	DL# / State ID _____ Your state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____
	DL# / State ID _____ Spouse state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____

**Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account.**

Routing Number 1 • 1 0 1 1 0 0 0 4 5	Account Number 1 • 5 1 8 0 0 9 5 5 7 2 6 6	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 1 Amt • <span style="float: right;">237.00</span>
Routing Number 2 •	Account Number 2 •	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 2 Amt • <span style="float: right;">00</span>

PLEASE 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.

We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.

PLEASE SIGN HERE	Primary's signature	Date	Telephone (832) 420-5987	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Spouse's signature	Date	Telephone	

PAID PREPARER	Paid preparer's signature <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b> 03/29/2022	PTIN/ID number • 301017196	For Department Use Only A
	Preparer's name GLOBAL TAXES LLC	City/State/ZIP CUMMING GA 30041	Telephone (678) 965-9522
E-mail SYAM@GTAXFILE.COM			



Primary SSN 734-95-6313

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only		
INCOME Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)	8. Wages, salaries, tips, etc: (Attach W-2s) .....	8	●	86,394.00	●	00	
	9. Military pay: Primary ● [ ] 00 Spouse ● [ ] 00						
	10. Interest income: (If over \$1,500, Attach AR4) .....	10	●	00	●	00	
	11. Dividend income: (If over \$1,500, Attach AR4) .....	11	●	00	●	00	
	12. Alimony and separate maintenance received: .....	12	●	00	●	00	
	13. Business or professional income: (Attach federal Schedule C) .....	13	●	00	●	00	
	14. Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D) .....	14	●	00	●	00	
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable) .....	15	●	00	●	00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs) .....	16	●	00	●	00	
	17. Military retirement: Primary ● [ ] 00 Spouse ● [ ] 00						
	18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution ● [ ] 00 Taxable amount ● [ ] 00 Less \$6,000	18A	●	00			
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution ● [ ] 00 Taxable amount ● [ ] 00 Less \$6,000	18B	●	00	●	00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E) .....	19	●	-5,980.00	●	00	
	20. Farm income: (Attach federal Schedule F) .....	20	●	00	●	00	
	21. Unemployment: Primary/Joint ● [ ] 00 Spouse ● [ ] 00	21					
	22. Other income/depreciation differences: (Attach Form AR-OI) .....	22	●	00	●	00	
	23. TOTAL INCOME: (Add lines 8 through 22) .....	23	●	80,414.00	●	00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) .....	24	●	00	●	00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) .....	25	●	80,414.00	●	00	
	TAX COMPUTATION	26. Select tax table: (Select only one)	26				
		27. ● <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions ● <input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only) ● <input type="checkbox"/> Itemized deductions (Attach AR3)	27	●	2,200.00	●	00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25) .....	28	●	78,214.00	●	00
		29. TAX: (Enter tax from tax table) .....	29		3,820.00		00
		30. Combined tax: (Add amounts from line 29, columns A and B) .....	30				3,820.00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) .....	31			●	00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required) .....		32			●	00	
33. TOTAL TAX: (Add lines 30 through 32) .....		33			●	3,820.00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D) .....	34	●	29.00			
	35. Child care credit: (Attach AR2441) .....	35	●	00			
	36. Other credits: (Attach AR1000TC) .....	36	●	3,264.00			
	37. TOTAL CREDITS: (Add lines 34 through 36) .....	37	●			3,293.00	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) .....	38	●			527.00		
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G) .....	39	●	764.00			
	40. Estimated tax paid or credit brought forward from 2020: .....	40	●	00			
	41. Payment made with extension: (See instructions) .....	41	●	00			
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions) .....	42	●	00			
	43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441) .....	43	●	00			
	44. TOTAL PAYMENTS: (Add lines 39 through 43) .....	44	●			764.00	
45. AMENDED RETURNS ONLY - Previous refund: (See instructions) .....	45	●			00		
46. Adjusted total payments: (Subtract line 45 from line 44) .....	46	●			764.00		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference) .....	47	●			237.00	
	48. Amount to be applied to 2022 estimated tax: .....	48	●	00			
	49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO) .....	49	●	00			
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) .....	REFUND 50	●		☺	237.00	
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A) .....	TAX DUE 51	●		☹	00	
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A ● [ ] Penalty 52B ● [ ] 00						
52C. Add lines 51 and 52B: (See instructions) .....	TOTAL DUE 52C	●			00		



ARKANSAS INDIVIDUAL INCOME TAX TAX CREDITS

Primary's legal name: SADHANA HANUMANDLA; Primary's social security number: 734-95-6313

IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

Table with 5 rows of tax credits: State political contribution credit, Other state tax credit (3,264.00), Credit for adoption expenses, Phenylketonuria disorder credit, Stillborn child tax credit.

If certificate is issued to an individual, leave FEIN box below blank.

Form for entering tax credit details for Primary (6A-6C) and Spouse (6D-6F), including Code, FEIN, and Amount columns.

6. Tax credit(s): (Add amounts from 6A-6F above) ..... 6 • [ ] 00
7. TOTAL CREDITS: Add lines 1 through 6. Enter total on line 36, Form AR1000F/AR1000NR ..... 7 • 3,264.00

TAX CREDIT TYPES

Code Credit Type

- 0001...Advantage Arkansas
0002...Affordable Housing
0003...AR Plus
0004...AR Plus 50% Technology-Based
0005...AR Plus 75% Technology-Based
0006...AR Plus 100% Technology-Based
0008...Capital Development Company
0009...Child Care Facility
0010...Coal Mining Producing and Extracting
0011...Delta Geotourism
0014...Equipment Donation/Sale
0015...Equity Investment Incentive
0016...Existing Workforce Training
0017...Family Savings Initiative Act
0018...Historic Rehabilitation
0019...Low Income Housing
0020...Public Roads Incentive
0021...Research Park Authority
0022...Research and Development with Universities
0023...In-House Research Income Tax Credit
0024...In-House Research by Targeted Business Income Tax Credit
0025...In-House Research Area of Strategic Value Income Tax Credit
0026...Qualified Research
0028...Tourism Development
0029...Tuition Reimbursement Program

Code Credit Type

- 0030...Targeted Business Payroll
0031...Venture Capital Investment
0034...Waste Reduction, Reuse or Recycle Equipment
0035...Water Impounded Outside Critical
0036...Water Impounded Within Critical
0037...Water Surface Outside Critical
0038...Water Surface Inside Critical
0039...Water Surface Inside Critical-Industrial or Commercial
0040...Water Land Leveling
0041...Wetland Riparian Zone Creation/Restoration
0042...Wetland Riparian Zone Conservation
0043...Central Business Improvement District Rehab and Dev
0044...Biodiesel Incentive Credit
0045...Recycle Equipment for Steel Manufacturer
0046...Recycle-Steel Manufacturer Amendment 82 Project Act 862
0047...Recycle-Expansion Project Act 1046
0048...Recycle-Steel Manufacturing Specialty Products Facility \$4M Act 1046
0049...Recycle-Steel Manufacturing Specialty Products Facility \$5M Act 1046
0050...Recycle-Steel Manufacturing Specialty Products Facility \$6.5M Act 1046
0051...Apprenticeship Program
0052...Major Historic Rehabilitation
0053...Delta Music Trail
0054...Arkansas Wood Energy Products and Forest Maintenance
0055...Railroad Modernization
0056...Motion Picture



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: SADHANA, Last Name: HANUMANDLA, Primary's Social Security Number: 734-95-6313, Spouse's Legal First Name and Middle Initial, Spouse's Social Security Number, Mailing Address: 201 SE JAYHAWK BLVD, APT. 208, Telephone: (832) 420-5987, City: BENTONVILLE, State or Province: AR, ZIP: 72712, Check if address is outside U.S. Foreign Country.

Table with 5 rows and 3 columns: Line, Description, Amount. 1. Total Income (Form AR1000F or AR1000NR, Line 23) 80,414.00, 2. Net Tax (Form AR1000F or AR1000NR, Line 38) 527.00, 3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 764.00, 4. Refund (Form AR1000F or AR1000NR, Line 47) 237.00, 5. Tax Due (Form AR1000F or AR1000NR, Line 51) 00.

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2021 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR. 6b. [ ] I do not want direct deposit of my refund or I am not receiving a refund. 6c. [ ] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6d. [ ] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2021 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here Primary's Signature Date Spouse's Signature Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only ERO'S Signature: GLOBAL TAXES LLC, Date: 03/29/2022, Check if paid preparer [ ], Check if self-employed [ ], Your SSN or PTIN: 30-1017196, Firm's name and address: 2530 PEBBLE CREEK LN CUMMING GA 30041, FEIN: 30-1017196

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only Preparer's Signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date: 03/29/2022, Check if self-employed [ ], Preparer's SSN or PTIN: P02082703, Firm's name and address: 2530 PEBBLE CREEK LN CUMMING GA 30041, FEIN: 30-1017196



**Additional information from your 2021 Arkansas Tax Return**

Form AR1000TC: Tax Credits

OtherStatesCredit

Continuation Statement

Other State	Oth. State AGI	Oth. Tax Due	Allowable Tax Crd.	Withholding Amt
MD	66,824.	4,635.	3,264.	5,554.