Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taypayar'a nama

PRADIP KUMAR SEN 494-95-6814					
name	Spouse's social secu	rity number			
SEN MANDAL	968-95-9115				
Tax Return Information — Tax Year Ending December 31, 2021 (Enter	year you are aut	horizing.)			
hole dollars only on lines 1 through 5.					
Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
Adjusted gross income	1	110,807.			
		10,291.			
Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,994.			
Amount you want refunded to you	4	10,103.			
Amount you owe	5				
	whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income Total tax Income tax withheld from Form(s) W-2 and Form(s) 1099 Amount you want refunded to you Amount you owe	A SEN MANDAL 968-95-9119 I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are autory on lines 1 through 5. 2021 (Enter year you are autory on 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income 1 Total tax 2 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Amount you want refunded to you 4 Amount you owe 5			

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

Under penalties of periury. 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

		-		EBO firm name	o y	E
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ľ

5	6	8	1	4	00 mV
Ent don	er fiv n't er	ve di Iter a	gits, all ze	but ros	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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN

Date

5	9	1	1	5	as my
	er fiv n't er				

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 Ret	Irns 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. <u>5</u> 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					
For Dependent Deduction Act Nation and Volumeter			Earm 8879 (Bay, 01 2021)		

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

E1040		Intment of the Treasury-Internal Revenue Servenue Serve		(99) urn	20	21	OMB No. 154	5-0074	IRS Use On	ıly—Do not	write or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the n on is a child but not your dependen	ame of y	-) D Head of ked the HOH (
Your first name	and mi	ddle initial	Last na	me						Your	social securi	ity number
PRADIP H	KUMAI	ર	SEN							494	-95-681	.4
If joint return, s	pouse's	first name and middle initial	Last na	me						Spous	e's social se	curity number
SOMA			SEN	MANDA	AL					968	-95-911	.5
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	Presid	lential Elect	ion Campaign
3410 ANI	OREWS	S DRIVE						-	104		k here if you	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	ite	ZIP co	ode			ntly, want \$3
PLEASAN	ΓON					C	A	945	88	Ŭ Ŭ	to this fund. elow will no	Checking a
Foreign country	/ name		F	oreign p	rovince/sta	ite/coun	ty	Foreig	n postal code	- ·	ax or refund	0
											🗌 You	Spouse
At any time du	ring 20	21, did you receive, sell, exchange	, or othe	rwise di	spose of	any fina	ancial interest	in any	virtual curr	ency?	Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌	Your spo	use as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-stat	us alier	1					
A			057 5		line of the other					.0.1057		line of
	-	Were born before January 2, 1	957 _	Are b		Spouse			ore January			-
Dependents				(2) \$	Social secu number	irity	(3) Relations to you	hip			for (see instru	
If more	<u> </u>	rst name Last name						Child tax cre		credit	Credit for o	ther dependents
than four dependents,	JIY	AAN SEN	078-79-45		544 Son							
see instruction	s ——											
and check here ►												
				A/ 0								
Attach	1	Wages, salaries, tips, etc. Attach F	1.1	N-2 .	· · ·	• •		• •				18,737.
Sch. B if	2a	· · -	2a			 b Taxable interest b Ordinary divider 				· –	2b	
required.	<u>3a</u>		3a							· –	3b	
	4a		4a				axable amoui				lb	
	5a		5a				axable amour				5b	
Standard Deduction for –	6a	···· / / / / / /	6a				axable amour	nt			ib -	
 Single or 	7	Capital gain or (loss). Attach Sche		•		•		• •	Þ		7	
Married filing separately,	8	Other income from Schedule 1, lin						• •				<u>-7,930.</u>
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		-	our total I	ncome		• •				10,807.
 Married filing jointly or 	10	Adjustments to income from Sche				• •		• •			0	
Qualifying widow(er),	11	Subtract line 10 from line 9. This is									1 1	10,807.
\$25,100	12a	Standard deduction or itemized				,	12		25,10			
 Head of household. 	b	Charitable contributions if you take	the stan					2b	3(20.		05 400
\$18,800	С	Add lines 12a and 12b	· · ·					• •				25,400.
 If you checked any box under 	13	Qualified business income deduct	ion from								3	05 400
Standard Deduction,	14	Add lines 12c and 13	· · ·									25,400.
see instructions.	15	Taxable income. Subtract line 14	trom lin	e 11. lf z	zero or les	ss, ente	er-U			. [1	5	85,407.

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

Form **1040** (2021)

Form 1040 (202	1)									Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3		16	10	,291.
	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	10	,291.
	19	Nonrefundable child tax cree	dit or credit for c	other depender	nts from Schedule	e8812		19		
	20	Amount from Schedule 3, lin	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10	,291.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	10	,291.
	25	Federal income tax withheld	from:			1 1				
	а	Form(s) W-2				25a 13	,994.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	,			25c				
	d	Add lines 25a through 25c						25d	13	,994.
If you have a	26	2021 estimated tax payment						26		
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a				
		Check here if you were a January 2, 2004, and you								
		taxpayers who are at least a	,		_					
	b	Nontaxable combat pay elec	-	1 1						
	с	Prior year (2019) earned inco				-				
	28	Refundable child tax credit or			Schedule 8812	28 3	,600.			
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Recovery rebate credit. See		-		30 2	,800.			
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments and	d refundable cred	lits 🕨	32	6	,400.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. 🕨	33	20	,394.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	10	,103.
neruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here						35a	10	,103.
Direct deposit?	►b	Routing number 1 2 1	0 0 0 3	58	► c Type: 🛛 🗙	Checking	Savings			
See instructions.	►d	Account number 3 2 5 1 0 6 8 6 5 7 5 6 1								
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36				
Amount	37	Amount you owe. Subtract	line 33 from line	e 24. For detail	s on how to pay,	see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party		you want to allow another	person to disc	cuss this retu	rn with the IRS?				_	
Designee		structions					•		X No	
		signee's ne ►		Phone no.			onal identi ber (PIN) 🖡			
Ciana		der penalties of perjury, I declare t	hat I have examine							
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Ide	entity
		·							N, enter it h	ere
Joint return?					SOFTWARE			inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion			nt your spou ection PIN, e	
your records.					HOME MAKE	R		inst.) 🕨		
	Ph	one no. (510)474-226	7	Email address	•	P@GMAIL.COM	Г ·			
		eparer's name	, Preparer's signat	1	1111.11NAD1	Date Date	PTIN		Check if:	
Paid		ATASAI PAVAN KUMAR DUDIPALLI			AR DUDIPALLI		P0247	0833	Self-e	mployed
Preparer		m's name GLOBAL TAX				, _ , _ 1, _ 0 _ 1			678)965	
Use Only		m's address ► 2530 Pebb		n Cummin	q GA 30041			's EIN ▶)17196
Go to www irs a		n1040 for instructions and the late			BAA	REV 01/17/22 PRO				040 (2021)
	OIII	a lor morround and the late	et mornation.		DAA	NEV 01/17/22 PRU				(2021)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury	►A
Internal Revenue Service	► Go to www.irs.g

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

Sequence No. 01
Attachment
2021

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social secu
PRADIP KUMAR SEN & SOMA SEN MANDAL	494-95-6814

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2 a	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	-7,930.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling income		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555)	
е	Taxable Health Savings Account distribution		
f	Alaska Permanent Fund dividends		
g	Jury duty pay		
h	Prizes and awards		
i	Activity not engaged in for profit income		
j	Stock options		
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	-	
I	Olympic and Paralympic medals and USOC prize money (see instructions) 8I		
m	Section 951(a) inclusion (see instructions)		
n	Section 951A(a) inclusion (see instructions)		
ο	Section 461(I) excess business loss adjustment		
р	Taxable distributions from an ABLE account (see instructions)	_	
Z	Other income. List type and amount		
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	-7,930.

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

Par	t 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		
С	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:		
а	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		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 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)		
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 violations24i		
j	Housing deduction from Form 2555 . . . 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
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	

REV 01/17/22 PRO

(10111	Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)					り	@21				
Departme	ent of the Treasury			10, 1040-SR, 1040-NR, or 1041.					Attachment		
Internal R	evenue Service (99)		► Go to www.irs.gov/ScheduleE fo	or inst	ructions	and the	e latest	information.		Seque	ence No. 13
. ,	shown on return										y number
			SOMA SEN MANDAL							5-681	=
Part			s From Rental Real Estate and Roy	-		•			÷ .	•	
			instructions. If you are an individual, repo								
			ents in 2021 that would require you to		. ,						
			ou file required Form(s) 1099?							. []	Yes 🗌 No
<u>1a</u>			each property (street, city, state, ZIP		e)						
<u>A</u>	KUKATPALL	Y HYD	DERABAD TELANGANA IN 5000	172							
<u>В</u> С											
	Turna of Dror	ortu			- 41		Eair	Rental	Persona		
1b	Type of Prop (from list be		2 For each rental real estate prop above, report the number of fail	r rent	al and			Days	Day		QJV
Α	3	1010)	personal use days. Check the if you meet the requirements to	QJV b	ox only	Α		365	Duj	0	
B	3		qualified joint venture. See inst	ructio	sa ns.	 B		305		0	
	+					C					
	of Property:					•					
	le Family Resid	lence	3 Vacation/Short-Term Rental	5 I a	nd		7 Self-	Rental			
-	i-Family Reside				valties			r (describe)			
Incom			Properties:			Α		B			С
3	Rents received			3			550.				-
4				4							
Expen											
5	Advertising .			5							
6	Auto and trave	l (see ii	nstructions)	6							
7	Cleaning and r	nainter	nance	7			950.				
8	Commissions.			8							
9	Insurance			9							
10	Legal and othe	r profe	essional fees	10							
11	Management f	ees .		11		1,	100.				
12			id to banks, etc. (see instructions)	12							
13	Other interest.			13							
14	Repairs			14			310.				
15				15		1,	950.				
16				16							
				17		2,	170.				
18		xpense	e or depletion	18							
	Other (list) ►			19			400				
	•		lines 5 through 19	20		8,	480.				
21			line 3 (rents) and/or 4 (royalties). If								
	,		instructions to find out if you must	01		7	020				
00				21		-/,	930.				
22	on Form 8582		l estate loss after limitation, if any,	22	(7 0	930.)	((
23a		•	reported on line 3 for all rental proper		N	/,s	23a	1	550.		
			eported on line 4 for all royalty prope				23b		550.		
c			eported on line 12 for all properties				200 23c				
d			reported on line 18 for all properties				23d				
			reported on line 20 for all properties				23e		8,480.		
24			e amounts shown on line 21. Do no t						. 24		
		-	osses from line 21 and rental real estate		-		nter tota	al losses here		(7,930.
										+	

Supplemental Income and Loss

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

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2021

-7,930.

26

OMB No. 1545-0074

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents



OMB No. 1545-0074

20 2 1 Attachment Sequence No. 47

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

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

Department of the Treasury

			our social security number		
PRAD	IP KUMAR SEN & SOMA SEN MANDAL	494-	-95-	6814	
Part	I-A Child Tax Credit and Credit for Other Dependents				
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	110,807.	
2a	Enter income from Puerto Rico that you excluded				
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.			
с	Enter the amount from line 15 of your Form 4563				
d	Add lines 2a through 2c		2d	0.	
3	Add lines 1 and 2d		3	110,807.	
4a	Number of qualifying children under age 18 with the required social security number 4a	1.			
b	Number of children included on line 4a who were under age 6 at the end of 2021 4b	1.			
с	Subtract line 4b from line 4a 4c	0.			
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0		5	3,600.	
6	Number of other dependents, including any qualifying children who are not under age18 or who do not have the required social security number6	0.			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent			
	alien. Also, do not include anyone you included on line 4a.				
7	Multiply line 6 by \$500		7		
8	Add lines 5 and 7		8	3,600.	
9	Enter the amount shown below for your filing status.				
	• Married filing jointly—\$400,000				
	• All other filing statuses— $$200,000 \int \dots $	•	9	400,000.	
10	Subtract line 9 from line 3.				
	• If zero or less, enter -0				
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For				
	example, if the result is \$425, enter $1,000$; if the result is $1,025$, enter $2,000$, etc.	•	10	0.	
11	Multiply line 10 by 5% (0.05)	•	11	0.	
12	Subtract line 11 from line 8. If zero or less, enter -0	· [12	3,600.	
13	Check all the boxes that apply to you (or your spouse if married filing jointly).				
	A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United Sta				
	for more than half of 2021				
	B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021				
Part					
	n: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.				
14a	Enter the smaller of line 7 or line 12	-	14a	0.	
b	Subtract line 14a from line 12		14b	3,600.	
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A		14c	0.	
d	Enter the smaller of line 14a or line 14c		14d	0.	
e	Add lines 14b and 14d		14e	3,600.	
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) receives for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see				
	instructions before entering an amount on this line. If you didn't receive any advance child tax credit payme				
	for 2021, enter -0		14f	0.	
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse				
	filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.				
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III		14g	3,600.	
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on l				
	19 of your Form 1040, 1040-SR, or 1040-NR		14h	0.	
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28				
	your Form 1040, 1040-SR, or 1040-NR		14i	3,600.	

For Paperwork Reduction Act Notice, see your tax return instructions. REV 01/17/22 PRO Schedule 8812 (Form 1040) 2021 BAA

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Image: Burner the annount from the Credit Link Worksheet A 15a Figure The annother of the 12 or line 15a 15b Additional child use credit. Complete Parts II-A through II-C if you meet each of the following items. 1. You are not filing Form 2555. 2. Line 4 a is more than zero. 3. Line 12 is more than zero. 15c d Add lines. 15b and 15c 15d 15d d Figure completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0: 15d d Add lines. 15b and 15c 15d 15d e Enter the argurgate amounts to include on this line. If you are missing Letter 6419, see the instructions before entering 15d. If zero vise, set ent -0. 15d g batter time 15c from line 15d. If zero vise, set ent -0. 15d 15d g batter time 15d from line 15d. This is your notardinabile child tax credit method that accedit. 15d d Additional Child Tax Credit (use only if completing Part I-C) 15d Carutions: If you ables that on 15d. The is your notarchingh Herci you cannot chilm the additional child tax credit. Carut	Part	I-C Filers Who Do Not Check a Box on Line 13	
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dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-SR. 15g h Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR. 15g PartULA Additional Child Tax Credit (use only if completing Part I-C) 15g Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a Caution: If you checked a box on line 17, at on ot chain the solution of line 27. 16a b Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a TP: The number of children you use for this line is the same as the number of children you use for this line is the same as the number of children you use for this line is the same as the number of children you use for this line is the same as the number of children you use for this line is the same as the number of children you use for line 4a. 17 Enter the sameller of line 16a or line 16b 17 18a IBa 19 19 Is the amount on line 19 by 15% (0.15) and enter the result 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 19 Yes. Subtract \$2,500 from the amount 54,200 or mo	f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f
h Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your form 1040, 1040-SR, or 1040-SR 15h PartULA Additional Child Tax Credit (use only if completing Part I-C) 15h Caution: If you checked a box on tomplete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a Ide Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the smaller of line 16a or line 16b 17 IBs Earned lincome (see instructions). 18b 19 Is the amount on line 19b yi5% (0.15) and enter the result 19 20 Next. On line 16b, is the amount 54,200 or more? 19 19 No. Leave line 10 blank and enter -0 on line 10. 19 20 20 on line 27. 10 19 20 20 maine 27. 19 20 20 19 20 on line 170 118 Barned line 170 on line 170. 118 20 maine 10 blank and enter -0 on line 182. Other the result 19 20	g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other	
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Part II-3 Additional Child Tax Credit (use only if completing Part I-C) Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Image: Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Image: Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Image: Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Image: Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Image: Caution: If you checked a box on line 13, do not complete Parts II-A and II-B and enter -0 on line 27 Image: Caution: If you checked a box on line 16 a or line 16 b Image: Caution: If you checked a box on line 16 a or line 16 b Image: Caution: If you checked a box on line 16 a or line 16 b Image: Caution: If you checked a box on line 16 a or line 16 b Image: Caution: If you checked a box on line 16 a or line 16 b Image: Caution: If you checked a box on line 16 a or line 20. Image: Caution: If you checked a box on line 18 bit 15% (0.15) and enter the result Image: Caution: If Ine 20 is zero, ener -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 27. Image: Caution: If Ine 20 is zero, ener -0- on line 17, skip Part II-B and enter the smaller of line 17 on line 27. Image: Caution: If Ine 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 on line 27. <			15h
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16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a b Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 16b TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 16b 17 Isa Earned income (see instructions) 17 18a Earned income (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? 18a 19 Is the amount on line 19 bunk and enter -0- on line 20. Yes. Subtract S2,500 from the amount on line 18a. Enter the result 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Next. On line 16b, is the amount \$4,200 or more? No. If thise 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 21. 20 Part II-B Certain Filers Who Have Three or More Qualifying Children 21 21 Withheld social security. Medicare, and Additional Medicare taxes from Form(s) W-2. 21 23 Add lines 21 and 22			
b Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0 on line 27 16b TIP: The number of children you used for line 4a. 17 Ista Earned income (see instructions) 18b b Nontaxable combat pay (see instructions). 18b c 18a 17 Ist the amount on line 18a more than \$2,500? 18b 19 Ves. Subtract \$2,500 from the amount on line 18a. Enter the result 19 20 Multiply the amount on line 19b pi 5% (0.15) and enter the result 19 20 Next. On line 16b, is the amount \$4,200 or more? 19 20 No. If line 20 is zero, enter -0 on line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 20 Otherwise, go to line 21. 21 21 Part II-B Certain Fillers Who Have Three or More Qualifying Children 21 21 Withheld or you paid Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare taxe inter 1 NRTA taxes, see instructions 21 22 23 24 23 23 Add lines 21 an	Cautio		x credit.
Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 16b TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17 18a Earned income (see instructions) 17 18a Earned income (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? 18a 19 No. Leave line 19 blank and enter -0- on line 20. 19 19 Ves. Subtract \$2,500 from the amount on line 18a. Enter the result 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 No. Leave line 19 blank and enter -0- on line 20. 19 20 Next. On line 16b, is the amount \$4,200 or more? 19 20 No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 on line 27. 20 Other 27. Yes. Subtract \$2,500 from the amount \$4,200 or more? 21 Withheld social security. Medicare, and Additional Medicare taxes from Form(s) W-2. 22 boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you guid Additional Medicare taxes from Form(s) W-2. 22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 13. 23 Add lines 21 and 22. 24 25 Subtract 11e 24 from line 23. If zero or less, enter -0- 26 27 28 29 20	16a		16a
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b Nontaxable combat pay (see instructions). 18b 19 Is the amount on line 18 more than \$2,500? 19 No. Leave line 19 blank and enter -0- on line 20. 19 Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 20 Next. On line 16b, is the amount \$4,200 or more? 10 No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 20 Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. 21 Withheld social security. Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tire 1 RRTA taxes, see instructions 22 1040, line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13. 23 Add lines 21 and 22. 24 23 24 1040-NR filers: Enter the total of the amounts from Schedule 3 (Form 1040), line 11. 24 25 Subtract line 24 from line 23. If zero or less, enter -0. 26 Next, enter the smaller of line 17 or line 26 on line 27. 27 28 29 20 20 20 20 21 23 24 24 24 25 26 26 27 28 28 29 20 20 20 20 20 20 20 21 22 23 24 24 24 25 26 26 27 28 29 20 20 20 20 <td></td> <td></td> <td>17</td>			17
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Part II-C Additional Child Tax Credit 27 Enter this amount on line 15c 27	20		
27 Enter this amount on line 15c 27	Part		
	_		27
			edule 8812 (Form 1040) 2021

Schedule 8812 (Form 1040) 2021	Page 3
Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)	
28a Enter the amount from line 14f or line 15e, whichever applies . <th></th>	
b Enter the amount from line 14e or line 15d, whichever applies	
29 Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax 29	
 30 Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line 30 	
Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	
31 Enter the smaller of line 4a or line 30 .	
32 Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	
33 Enter the amount shown below for your filing status. • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000	
• All other filing statuses—\$40,000	
34 Subtract line 33 from line 3. If zero or less, enter -0- .	
35 Enter the amount from line 33	
36 Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 36	
37 Multiply line 32 by \$2,000	
38 Multiply line 37 by line 36	
39 Subtract line 38 from line 37	
40 Subtract line 39 from line 29. If zero or less, enter -0 This is your additional tax. If more than zero, enter	
this amount on Schedule 2 (Form 1040), line 19 40	

REV 01/17/22 PRO BAA

Schedule 8812 (Form 1040) 2021

Form	8867	Paid Preparer's Due Earned Income Credit (EIC), America Child Tax Credit (CTC) (including the Ad	an Opportunity Tax Credit (AOTC).		OMB	No. 1545	-0074
Departm	ecember 2021) nent of the Treasury	Credit for Other Dependents (ODČ)), and To be completed by preparer and filed with Form	Head of Household (HOH) Filing S n 1040, 1040-SR, 1040-NR, 1040-F	tatus PR, or 1040-SS.	Attach	iment ence No.	70
	Revenue Service	► Go to www.irs.gov/Form8867 for ins	tructions and the latest information				
	er name(s) shown or תעודא תדת			Taxpayer identi		umber	
	reparer's name and	SEN & SOMA SEN MANDAL		494-95-6	0814		
	•	AN KUMAR DUDIPALLI		P0247083	3		
Part		gence Requirements		F0247003	5		
		propriate box for the credit(s) and/or HOH filing	n status claimed on the return	and complete	the rel	ated Pa	arts I_V
for the	e benefit(s) clain	ned (check all that apply).		/ODC	AOTC		НОН
1		lete the return based on information for the ap obtained by you? (See instructions if relying on		the taxpayer	Yes X	No	N/A
2	worksheets fo 1040) instruct worksheet(s) t	claimed on the return, did you complete th und in the Form 1040, 1040-SR, 1040-NR, 10 ions, and/or the AOTC worksheet found in the hat provides the same information, and all rel	40-PR, 1040-SS, or Schedule the Form 8863 instructions, o	8812 (Form or your own			
3		/ the knowledge requirement? To meet the know	owledge requirement, you mus	st do both of	X		
		taxpayer, ask questions, and contemporaneou at the taxpayer is eligible to claim the credit(s)		responses to			
		mation to determine that the taxpayer is eligit o figure the amount(s) of any credit(s)			×		
4	information re	mation provided by the taxpayer or a third asonably known to you, appear to be incorre ons 4a and 4b. If "No," go to question 5.)		nt? (If "Yes,"		×	
а	Did you make	reasonable inquiries to determine the correct, o	complete, and consistent infor	mation? .			
b	you asked, wh	emporaneously document your inquiries? (Do nom you asked, when you asked, the informat d on your preparation of the return.)	ion that was provided, and th	e impact the			
5	Did you satisfy keep a copy of applicable wor 8867 and any taxpayer that	y the record retention requirement? To meet the f your documentation referenced in question 4 rksheet(s), a record of how, when, and from whether applicable worksheet(s) was obtained, and a you relied on to determine eligibility for the creation	he record retention requireme b, a copy of this Form 8867, a hom the information used to p copy of any document(s) pro	nt, you must a copy of any prepare Form vided by the s or to figure	×		
	()	uments provided by the taxpayer, if any, that ye					
6	credit(s) and/o	e taxpayer whether he/she could provide docu or HOH filing status and the amount(s) of any ted for audit?	/ credit(s) claimed on the retu	urn if his/her	×		
7		e taxpayer if any of these credits were disallow			X		
	-	re disallowed or reduced, go to question 7a;					
а		ete the required recertification Form 8862? .					
8	If the taxpayer correct Sched	is reporting self-employment income, did you ule C (Form 1040)?	ask questions to prepare a c				
For Pa		ion Act Notice, see separate instructions.	REV 01/17/22 PRO		Form 886	67 (Rev.	12-2021)

Form 88	367 (Rev. 12-2021)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar	X		
	statement to the return?	X		
Part		-	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quature tuition and related expenses for the claimed AOTC?		Yes	No
Part		s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH fili	ng
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instri	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.			
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and or HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and taxpayer's eligibility for taxpayer's e			
	If you have not complied with all due diligence requirements, you may have to pay a penalty for e comply related to a claim of an applicable credit or HOH filing status (see instructions for more in			
45	Device particulate all of the appropriate on this Form 2007 are to the best of your knowledge, true correspondences	•	Vac	No

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	
	REV 01/17/22 PRO Form 886	57 (Rev.	12-2021)

Passive Activity Loss Limitations

► See separate instructions.

► Attach to Form 1040, 1040-SR, or 1041. ▶ Go to www.irs.gov/Form8582 for instructions and the latest information. OMB No. 1545-1008 20 Attachment Sequence No. 858

Identifying number 494-95-6814

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

Department of the Treasury

PRADIP	KUMAR	SEN	&	SOMA	SEN	MANDAL
INADII	ROMAR		CL.	DOMA	DEIN	MANDAL

Par	t I 2021 Passive Activity Loss		
	Caution: Complete Parts IV and V before completing Part I.		
	Il Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
1a b c	Activities with net income (enter the amount from Part IV, column (a)).1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(7,930.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c(
d	Combine lines 1a, 1b, and 1c	1d	-7,930.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a))2aActivities with net loss (enter the amount from Part V, column (b))2bPrior years' unallowed losses (enter the amount from Part V, column (c))2cCombine lines 2a, 2b, and 2c	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-7,930.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Par	t II Special Allowance for Re	ntal Real Estate	Activities With	Active Participa	ation		
	Note: Enter all numbers in Pa	rt II as positive amo	ounts. See instruc	tions for an examp	le.		
4	Enter the smaller of the loss on line 1	ld or the loss on lin	ie 3			4	7,930.
5	Enter \$150,000. If married filing separ	rately, see instructi	ons	5 1	50,000.		
6	Enter modified adjusted gross incom	e, but not less than	zero. See instruc	tions 6 1	18,737.		
	Note: If line 6 is greater than or equa	l to line 5, skip line	s 7 and 8 and ent	er -0-			С
	on line 9. Otherwise, go to line 7.	•					
7	Subtract line 6 from line 5			7	31,263.		
8	Multiply line 7 by 50% (0.50). Do not e	enter more than \$25	,000. If married fili	ng separately, see	nstructions	8	15,632.
9	Enter the smaller of line 4 or line 8					9	7,930.
Par							
10	Add the income, if any, on lines 1a ar	nd 2a and enter the	total			10	0.
11	Total losses allowed from all passiv	ve activities for 20	21. Add lines 9 ar	nd 10. See instruct	ons to find		
	out how to report the losses on your t					11	7,930.
Par	t IV Complete This Part Befor						
Name of activity		Current year		Prior years Ove		erall gain or loss	
		(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	n	(e) Loss

Total. Enter on Part I, lines 1a, 1b, and 1c ► For Paperwork Reduction Act Notice, see instructions. Form 8582 (2021) REV 01/17/22 PRO BAA

art V Complete This Part Be	efore Part I, Lines 2	a, 2b, and 2c. S	ee instructions.		
Name of activity	Currer	Current year		Overall gain or loss	
Name of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
DO			FII	E	
al. Enter on Part I, lines 2a, 2b, and 2c					
rt VI Use This Part if an Am	ount Is Shown on F	Part II, Line 9. S	ee instructions.	1	1
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) fror column (a).
KATPALLY	E Ln 22	7,930.	1.00000000	7,930.	С
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Form 8582 (2021)

DO NOT FILE