Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpayer's name Social security number ANIL THAPA 805-84-0033 Spouse's name Spouse's social security number 971-99-6190 ROOHI LNU Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.) Part I 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. Adjusted gross income 88,953. 1 1 2 2 7,195. 3 3 10,885. 4 4 3,690. 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 <u>GLOBAL TAXES LLC</u> to enter or generate my PIN ERO firm name to enter or generate my PIN ERO firm name

4	0	0	3	3	as mv
Ent don	er fiv n't er	/e di nter a	gits, all ze	but ros	2011

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 I authorize GLOBAL TAXES LLC ERO firm name

to enter or generate my PIN

Date

9	6	1	9	0	as my
	er fiv n't en				

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 sign	ature 🕨 🛛 Da	ate 🕨							
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7	 	 6 all ze	 9	8	9

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 🕨	
	RO Must Retain This Form — Se mit This Form to the IRS Unless		
For Demonstral, Deduction Act Nation and		DEV 00/40/00 DDO	Farm 8870 (Day, 01 0001)

104		artment of the Treasury-Internal Revenue Serv 5. Individual Income Tax		(99) urn	202	1 ом	B No. 1545	5-0074	IRS Use	Only–	-Do not w	rite or	staple i	n this space.
Filing Statu Check only one box.	lf yo	Single 🔀 Married filing jointly [u checked the MFS box, enter the n on is a child but not your dependen	name of	-	parately (N se. If you c		_			· -			-	ow(er) (QW) e qualifying
Your first name	e and mi	ddle initial	Last na	me							Your so	cial s	ecurit	y number
ANIL			THAF	A							805-	84-	0033	3
If joint return, s	spouse's	first name and middle initial	Last na	me							Spouse'	s soci	al sec	urity number
ROOHI			LNU								971-	99-	619()
Home address	(numbe	r and street). If you have a P.O. box, see	e instructi	ons.				Ap	ot. no.		Preside	ntial E	lectio	on Campaign
2255 W.	GERI	MANN RD						1	173		Check ł			
City, town, or	post offi	ce. If you have a foreign address, also co	omplete s	paces belov	Ν.	State		ZIP coo	le					tly, want \$3 Checking a
CHANDLE	R					AZ		8528	36		box bel			0
Foreign countr	y name		1	oreign pro	/ince/state/o	county		Foreign	postal co	de	your tax	or re	fund.	0
													You	Spouse
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	rwise disp	ose of any	financia	l interest	in any v	irtual cu	rren	cy?		Yes	X No
Standard	Som	eone can claim: You as a de	enenden	tΠY	our spouse	as a de	pendent							
Deduction	_	Spouse itemizes on a separate retur	•				pondoni							
		·		_							4057		1. 1. 1	
Age/Blindnes	-		957	Are blin		use:	Was bo						ls bli	-
Dependent					cial security iumber	(3)	Relationsh (nip	(4) ✔ Child ta		alifies fo			ctions): 1er dependents
lf more than four	(1) F	rst name Last name					10 900				un	Credit		
dependents,									L				L	<u></u>
see instruction	IS ——								L				L	<u></u>
and check here ►									L	+			L	╡───
	1	Wages, salaries, tips, etc. Attach F	Form(s)	N-2					L		1		10)1,953.
Attach	2a		2a			 h Tavak	ole interes	+	• •	• •	2b			<u>/_</u> ///////////////////////////////////
Sch. B if	3a	· ·	3a				ary divide			• •	 3b	_		
required.			4a				ole amoun				4b	_		
	5a		5a				ole amoun				5b	_		
Standard	6a		6a			b Taxab	ole amoun	ıt			6b			
Deduction for –	7	Capital gain or (loss). Attach Sche	dule D if	required.	If not requ	ired, che	eck here] 7		_	-3,000.
 Single or Married filing 	8	Other income from Schedule 1, lin		•							8			.0,000.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your	total inco	ome .					• 9			38,953.
Married filing	10	Adjustments to income from Sche	dule 1, l	ine 26							10			
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted gr	ross incon	ne.					11		8	38,953.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	i ons (from	Schedule	A) .	. 12	а	25,2	100				
Head of	b	Charitable contributions if you take	the star	ndard dedu	iction (see	instructio	ons) 12	b	(500				
household, \$18,800	с	Add lines 12a and 12b									120	>	2	25,700.
 If you checked 	13	Qualified business income deduct	ion from	Form 899	95 or Form	8995-A					13			
any box under <i>Standard</i>	14	Add lines 12c and 13									14		2	25,700.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf zei	ro or less,	enter -0-	•				15		6	53,253.
	/													

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

Form **1040** (2021)

Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/19/22 PRO			Form 1	040 (2021)
	Firr	m's address 🕨 2530 Pebb	le Creek L	n Cummin	g GA 30041		Firm	's EIN ▶	30-10	17196
Use Only		m's name ► GLOBAL TAX					Pho	ne no. (678)965	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAN	03/25/2022	P0208		Self-er	
Paid			Preparer's signat			Date		0700	Check if:	mployed
		one no. (901)451-220 parer's name		Email address	ANILTHAPA.	MCA@GMAIL.CC	M PTIN		Chock if:	
Keep a copy for your records.				Emelle 11	HOME MAKE		(see	tity Prote inst.) ►	ection PIN, e	nter it here
See instructions.	Sp	ouse's signature. If a joint return, i	ooth must sign.	Date	Spouse's occupa				nt your spou	
Joint return?					SOFTWARE	ENGINEER		ection Pl inst.) ▶	IN, enter it he	ere
Here		ief, they are true, correct, and com ur signature	plete. Declaration of	of preparer (othe Date	r than taxpayer) is b Your occupation	ased on all informatio	If the	e IRS ser	nt you an Ide	entity
Sign	Un	der penalties of perjury, I declare t		d this return and		nedules and stateme	nts, and to	the bes		
J		signee's ne ▶		Phone no. ▶		Pers	onal identi ber (PIN)	fication		
Third Party Designee		you want to allow another	person to disc	cuss this retur	rn with the IRS	? See . ▶ □ Yes. Co	omplete l	celow.	× No	
You Owe	38	Estimated tax penalty (see in				38				
Amount	37	Amount you owe. Subtract				see instructions	. 🕨	37		
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36				
See instructions.	►d	Account number 5 9 4	2 5 0 3				-			
Direct deposit?	►b	Routing number 2 1 1	3 9 1 8	2 5	► c Type:		Savings			
Refund	35a	Amount of line 34 you want				•		35a		,690.
Dofund	34	If line 33 is more than line 24						34		,690.
	33	Add lines 25d, 26, and 32. T						33	10	,885.
	32	Add lines 27a and 28 throug				-	lits 🕨	32		
	31	Amount from Schedule 3, lin				31				
	29 30	Recovery rebate credit. See				30				
	20 29	American opportunity credit				29				
	с 28	Refundable child tax credit or			Schodulo 8812	28				
	b	Nontaxable combat pay elect Prior year (2019) earned inco				-				
		taxpayers who are at least a	ge 18, to claim t	he EIC. See in	_					
		Check here if you were a January 2, 2004, and you								
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a				
If you have a	26	2021 estimated tax payment					• •	26		
	d	Add lines 25a through 25c						25d	10	,885.
	C	Other forms (see instructions				25c			1.0	005
	b	Form(s) 1099				25b		-		
	а	Form(s) W-2					,885.	_		
	25	Federal income tax withheld								
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	7	,195.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7	,195.
	21	Add lines 19 and 20						21		
	20	Amount from Schedule 3, lin	ne8					20		
	19	Nonrefundable child tax cree	dit or credit for o	ther depender	nts from Schedul	e8812		19		
	18	Add lines 16 and 17 .						18	7	,195.
	17	Amount from Schedule 2, lin		.,				17		
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3		16	7	,195.
Form 1040 (2021	,									Page

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR. to to www.irs.gov/Form1040 for instructions and the latest information. 2021 Attachment Sequence No. 01

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/f
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR

Your social security num
805-84-0033

Part I Additional Income

ANIL THAPA & ROOHI LNU

1	Taxable refunds, credits, or offsets of state and local income taxes	8	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E		5	-10,000.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
ο	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
z	Other income. List type and amount ►			
•		8z		
9 10	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	-10,000.

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-basic 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	3	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) \blacktriangleright			
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)			
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 Paralympic medals 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) 24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k			
z	Other adjustments. List type and amount ► 24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

Page **2**

REV 03/19/22 PRO

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2021 Attachment Sequence No. 12

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

Department of the Treasury

ANIL THAPA & ROOHI LNU

Your social security number

805-84-0033

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				'(g)	
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	227,531.	245,803.	5	74.	-17,698.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	6	()			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	.,		7	-17,698.

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12 13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	y, from line 13 of y	our Capital Loss	Carryover	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	0	()) 0		15	

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-17,698.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	▼ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 03/19/22 PRO

Schedule D (Form 1040) 2021

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2021 Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return	Social security number or taxpayer identification number
ANIL THAPA & ROOHI LNU	805-84-0033

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	f any, to gain or loss . amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Crypto LLC	01/01/21	12/31/21	32,453.	32,704.			-251.
Robinhood Securities LLC	01/01/21	12/31/21	91,153.	105,287.	W	523.	-13,611.
APEX CLEARING	01/01/21	12/31/21	103,925.	107,812.	W	51.	-3,836.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	227,531.	245,803.		574.	-17,698.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

(Form	1040)	(From	n rental real estate, roya	lties, partnersł	nips, S	corpor	ations, e	estates,	trusts, REM	IICs, etc.)	9		4
Departm	ent of the Treasury		► Attac	h to Form 1040	, 1040	-SR, 104	40-NR, c	or 1041.				hment	•
	Revenue Service (99)		► Go to www.irs.go	v/ScheduleE fo	or inst	ructions	and the	alatest	information	•	Sequ	ence No.	13
Name(s)	shown on return									Your soci		•	r
	THAPA & R									805-8			
Part			s From Rental Real E		-		•			• •			use
			instructions. If you are an										
	•		ents in 2021 that would			. ,						Yes 🗵	No
B If "			ou file required Form(s								. 🗌 '	Yes 🗋	No
<u>1a</u>	-		each property (street,			,							
	VILL KHID	DIAN	SMAILPUR, SAMBA	JAMMU ANI) KAS	SHMIR	IN 18	81133					
<u>C</u>				• • •				Fair	Dantal	Davaana			
1b	Type of Prop (from list be		2 For each rental r above, report the	eal estate prop	perty li ir rent	sted al and		-	Rental Days	Persona Day		QJ	V
		1000)	personal use dat	vs. Check the (QJV b	ox only	•	L	-	Day			1
 	3		if you meet the r qualified joint ve	equirements to	o file a ructio	s a ns	A B		365		0] 1
C	+		-				C] 1
	of Property:						C						1
	gle Family Resid	lanca	3 Vacation/Short-	Term Bental	5 1 2	hd		7 Self-	Rontal				
-	ti-Family Reside		4 Commercial			yalties			r (describe))			
Incom		51106		Properties:		yanes	A		E			С	
3	Rents received	4		•	3			600.	-			•	
4					4								
Expen													
5					5								
6			nstructions)		6								
7		•	nance		7		1,	300.					
8	-				8								
9					9								
10	Legal and othe	er profe	essional fees		10								-
11	-				11		1,	000.					-
12	Mortgage inter	rest pai	id to banks, etc. (see i	nstructions)	12								
13	Other interest.				13								
14	Repairs				14		2,	800.					
15	Supplies				15		2,	500.					
16	Taxes				16								
17	Utilities				17		3,	000.					
18	•	expense	e or depletion		18								
19	Other (list) 🕨				19								
20			lines 5 through 19 .		20		10,	600.					
21			line 3 (rents) and/or 4										
			instructions to find ou				1.0						
~~					21		-10,	000.					
22			l estate loss after limit		00	(10 0		()	(,
020			nstructions)		22	(00.)	()	()
23a			eported on line 3 for a			• •		23a 23b		600.	-		
b			reported on line 4 for a reported on line 12 for			· · · ·		23D 23C					
c d			reported on line 12 for			· ·		230 23d					
e e			reported on line 20 for			· ·		23u	1	0,600.			
24			e amounts shown on I					200	L	. 24			
25			e amounts shown on a sesses from line 21 and re					•••••	l losses her		(10,0	00
			ate and royalty incor										,
26			IV, and line 40 on pa										
			40), line 5. Otherwise,									-10,	000.

Supplemental Income and Loss

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Schedule E (Form 1040) 2021

OMB No. 1545-0074

E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name		Your Social Security Number*
ANIL	ТНАРА	Enter	805 84 0033
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	Spouse's Social Security No.*
ROOHI	LNU	0011(3).	971 99 6190

PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)^{*Do Not Truncate}

• To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.

• To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFO		PART 3 – FINANCIAL INSTITUTION INFORMATION					
			Must be preser	nt when reque	sting direct debit or deposit.		
1 Arizona Adjusted Gross Income	88,953 00		Foreign Ac	count Deposit/	Debit: See instructions below.		
2 Balance of Tax	1,710 00		TYPE OF ACCOUNT				
3 Arizona Income Tax Withheld	2,753 00		Checking	🔀 Savings	2 1 1 3 9 1 8 2 5		
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER				
4 REFUND: Enter the amount of	1,04300		0 3				
5 AMOUNT YOU OWE: Enter th	e amount owed	00			\$		

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** X I consent that my refund be directly deposited as designated in the electronic portion of my 2021 Arizona individual 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.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 18, 2022, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2021. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

ERE	→		
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE

Image: Normal Street ANIL THAPA 805 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name SSN(s) I ROOHI LNU 971 Current Home Address - number and street, rural route Apt. No. Daytime Phone (w I 2 2255 W. GERMANN RD 1173 94 (901) 451 City, Town or Post Office State ZIP Code Last Names Used in Last Four feature Image: State Image: State Image: State State CHANDLER AZ 85286 Revenue Use onLy. Do Not for state Image: State Image: State Image: State Image: State State Image: State Image: State Image: State Image: State Image: State Image: State I	DR CALENDAR YEAR
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Image: Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name your 805 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse Spouse I ROOHI LNU SN(s). 971 Current Home Address - number and street, rural route Apt. No. Daytime Phone (w I 2255 W. GERMANN RD 1173 94 (901) 451 City, Town or Post Office State ZIP Code Last Names Used in Last Four feature I CHANDLER AZ 85286 REVENUE USE ONLY. DO NOT I ed of household. Enter name of qualifying child or dependent on next line: Image: Complete filing separate return. Enter spouse's name and Social Security Number above. 8 I enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 38,	Social Security Number
I ROOHI LNU 971 Current Home Address - number and street, rural route Apt. No. Daytime Phone (v Image: Current Home Address - number and street, rural route Apt. No. Daytime Phone (v Image: Current Home Address - number and street, rural route Apt. No. Daytime Phone (v Image: Current Home Address - number and street, rural route Apt. No. Daytime Phone (v Image: Current Home Address - number address - n	
3 CHANDLER AZ 85286 4 X Married filing joint return 4a Injured Spouse Protection of Joint Overpayment REVENUE USE ONLY. DO NOT 5 Head of household. Enter name of qualifying child or dependent on next line: X Revenue USE ONLY. DO NOT 6 Married filing separate return. Enter spouse's name and Social Security Number above. Single 7 Single Enter the number claimed. Do not put a check mark. If completing lines 8, 9, and 11a, also complete lines 38,	se's Social Security No. 1 99 6190
3 CHANDLER AZ 85286 4 X Married filing joint return 4a Injured Spouse Protection of Joint Overpayment REVENUE USE ONLY. DO NOT 5 Head of household. Enter name of qualifying child or dependent on next line: X Revenue USE ONLY. DO NOT 6 Married filing separate return. Enter spouse's name and Social Security Number above. Single 7 Single Enter the number claimed. Do not put a check mark. If completing lines 8, 9, and 11a, also complete lines 38,	
3 CHANDLER AZ 85286 4 X Married filing joint return 4a Injured Spouse Protection of Joint Overpayment REVENUE USE ONLY. DO NOT 5 Head of household. Enter name of qualifying child or dependent on next line: X Revenue USE ONLY. DO NOT 6 Married filing separate return. Enter spouse's name and Social Security Number above. Single 7 Single Enter the number claimed. Do not put a check mark. If completing lines 8, 9, and 11a, also complete lines 38,	
 Enter the number claimed. Do not put a check mark. Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 38, 	
 Enter the number claimed. Do not put a check mark. Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 38, 	97 T MARK IN THIS AREA.
 Enter the number claimed. Do not put a check mark. Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 38, 	
 Enter the number claimed. Do not put a check mark. Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 38, 	
 Enter the number claimed. Do not put a check mark. Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 38, 	
8 Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 38,	
9 Blind (you and/or spouse) 39, and 41. For lines 10a and 10b, also complete line 49.	80 RCVD
10a Dependents: Under age of 17. 10b Dependents: Age 17 and over.	
g 11a Qualifying parents and grandparents	
(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box and complete pa (a) (b) (c) (d) (e)	(f)
(a) FIRST AND LAST NAME (Do not list yourself or spouse.) (a) (b) SOCIAL SECURITY NO. (b) SOCIAL SECURITY NO. (c) RELATIONSHIP HOME IN 2021 (Box 10a and 10b): Dependent information. See instructions. For more space, check the box in and complete particulations. (b) (c) RELATIONSHIP HOME IN 2021 (Box 10a and 10b): Dependent information. See instructions. For more space, check the box in and complete particulations. (b) (c) RELATIONSHIP HOME IN 2021 (Box 10a and 10b): Dependent information. See instructions. For more space, check the box in and complete particulations. (b) (c) RELATIONSHIP HOME IN 2021 (Box 10a information). See instructions. For more space, check the box in and complete particulations. (c) (d) (d) (e) (c) (d) (c) (d) (c) (c) (c) (c) (c) (c) (c) (c	n: this person on your
HOME IN 2021 1 2 (Box 10a) (Box	2 federal return due to educational credits
E 10c Image: Constraint of the second secon	
(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and complete parents (a) (b) (c) (d) (e)	(f)
Image: Property of the provided state of the provided sta	
HOME IN 2021	
intermediate intermediate intermediate intermediate	
9 12 Federal adjusted gross income (from your federal return) 12 12 12 12	88,953 00
13 Small Business Income: 138	00 88,953 00
14 Modified federal adjusted gross income. Subtract line 13 from line 12	00
16 Partnership Income adjustment. See instructions	00
17 Total federal depreciation	00
0 18 Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5	88,953 00
20 Total net capital gain or (loss). See instructions	
21 Total net short-term capital gain or (loss). See instructions	
22 Total net long-term capital gain or (loss). See instructions 22 00 23 Net long-term capital gain from assets acquired <i>after</i> December 31, 2011. See instructions. 23 0 00	
v 23 Net long-term capital gain from assets acquired after December 31, 2011. See instructions. 23 0 00 24 Multiply line 23 by 25% (.25) and enter the result 24	0 00
This box may be blank or may contain a printed barcode of data from your return.	00
26 Recalculated Arizona depreciation	00
C Signature 26 Recalculated Arizona depreciation	00
28 Interest on U.S. obligations	00
29b Exclusion for retired/retainer pay uniform services. 29b	
30 U.S. Social Security or Railroad Retirement Act 30	00 00
2 31 Certain wages of American Indians	00 00 00
Bit Structure Bit Structure<	00 00 00 00
13 Small Business Income: 13s	00 00 00 00 00
34b 529A (ABLE) 00 add 34a and 34b. 34c	00 00 00 00

	Your	Name (as shown on page 1)	Your Social Security	y Number		
	AN]	L THAPA & ROOHI LNU	805-84-00	33		
	35	Subtract lines 24 through 34c from line 19		35	88,953	00
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income schere				00
					88,953	
suo	37	Subtract line 36 from line 35. Enter the difference			00,000	
Exemptions	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00
xem	39	Blind: Multiply the number in box 9 by \$1,500				00
Ê	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				00
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			00.050	00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".			88,953	
	43	Deductions: Check box and enter amount. See instructions			25,100	
	44	If you checked box 43 S and claim charitable contributions, check 44 C X Complete page 3. See in	structions	44	150	
Гах		Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			63,703	
of Tax	46a	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables		46a 🔄	1,710	
Balance	46k	If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcha	arge. Enter the amo	unt 46b		00
alaı	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30		47		00
	48	Subtotal of tax: Add lines 46a, 46b and 47. Enter the total		48	1,710	00
	49	Dependent Tax Credit. See instructions		49		00
	50	Family income tax credit (from the worksheet - see instructions)		50		00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61		51		00
and lits	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than	line 48, enter "0"	52	1,710	
ents and Credits	53	2021 AZ income tax withheld	<u></u>	53	2,753	00
/mei	54	2021 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54a and	54b. 54c		00
l Pay	55	2021 AZ extension payment (Form 204)		55		00
Total Payments a Refundable Cred	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56		00
	57	Property Tax Credit from Arizona Form 140PTC		57		00
nt r	58	Other refundable credits: Check the box(es) and enter the total amount	308-I 58 2	349 58		00
Tax Due or Overpayment	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			2,753	00
Tax Due verpayn	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines		1		00
Ϋð	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment			1,043	
ŝ	62	Amount of line 61 to be applied to 2022 estimated tax				00
Gifts		Balance of overpayment: Subtract line 62 from line 61. Enter the difference			1,043	
ary		- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools		00		1
Voluntary	•.	Child Abuse Prevention		00		
2		Neighbors Helping Neighbors. 69 00 Special Olympics		00		
₽		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Anima		00		
enalty	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian				
Pe		Estimated payment penalty				00
	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included				100
r /ed	78	Add lines 64 through 74 and 76; enter the total.		78		00
t Ow	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80			1,043	
Refund or Amount Owed	19	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; se				100
Am		C Checking or ROUTING NUMBER ACCOUNT NUMBER		, I		
		98 S⊠ Savings 2111391825 5942503				
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y				00
	-	and include with your return Under penalties of perjury, I declare that I have read this return and any documents with it, and to			nd belief they ar	
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati				Ĭ
ш					Ū.	
HERE	€	S	OFTWARE EN	IGINEER		
lΞ	:	YOUR SIGNATURE DATE O	CCUPATION			-
Z	→					
SIGN			OME MAKER			_
			POUSE'S OCCUPATIO	N		
EASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 03252022 GLOBAL TAXES L				_
		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S I	,			
L L		2530 Pebble Creek Ln)17196		_
		PAID PREPARER'S STREET ADDRESS		PARER'S TIN		
		Cumming GA 30041 PAID PREPARER'S CITY STATE ZIP CODE) 965-952 PARER'S PHON		_
		also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29 e not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29				
ii y	Judit	- necessarily a payment, mail to Anzona Department of Nevenue, FO Box 52 156, Phoenix, Az 65072-2156 (PO B0X 29	200, 1 HUGHIA, AZ 00	550-5205 li y0l	a returninas a parcot	<u></u>].

2021 Form 140 - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction on their Arizona tax return may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: You must reduce your contribution amount by the total charitable contributions you made during January 1, 2021 through December 31, 2021 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on 5C.

NOTE 2: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 5C.

10	2021 Gifts by cash or check	1C	600	00
2C		2C	000	00
3C	Carryover from prior year	3C		00
4C	Add lines 1C through 3C and enter the total	4C	600	00
5C	Total charitable contributions made in 2021 for which you are claiming a credit under Arizona law for the current (2021) or prior (2020) tax year	5C		00
6C	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0"	6C	600	00
7C	Multiply line 6C by 25% (.25) and enter the result	7C	150	00

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

• Enter the amount shown on line 7C on page 2, line 44.

• Be sure to check box 43**S** for Standard Deduction on line 43.

• Check box **44C** for charitable contributions on line 44. If you do not check this box, you may be denied the increased standard deduction.