Form **8879** (Rev. January 2021) Department of the Treasury 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.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
ANSHUL SHARMA	487-65-4464
Spouse's name	**Spouse's social security number**
CHARU SHARMA	725-59-7813

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	254,885.
2	Total tax	2	42,857.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	39,559.
4	Amount you want refunded to you	4	6,497.
5	Amount you owe	5	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC (**ERO firm name**) to enter or generate my PIN 5 4 4 6 4 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶ ____________________ Date ▶ ____________

Spouse's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC (**ERO firm name**) to enter or generate my PIN 9 7 8 1 3 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ▶ Date ▶

Practitioner PIN Method Returns Only—continue below

Part III **Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ Date ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Form **1040** Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return 2021
OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.
☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial	Last name	Your social security number
ANSHUL	SHARMA	487-65-4464
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
CHARU	SHARMA	725-59-7813

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
17 BRAEMAR CT	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
Parsippany	NJ	07054

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

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

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

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

Dependents (see instructions):
If more than four dependents, see instructions and check here ▶ ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✔ if qualifies for (see instructions): Child tax credit	Credit for other dependents
ASHWATH	SHARMA	926-94-5347	Son	☐	☒
SHIVESH	SHARMA	597-43-1140	Son	☒	☐
				☐	☐
				☐	☐

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	254,885.
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			7	
8	Other income from Schedule 1, line 10			8	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶			9	254,885.
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income** ▶			11	254,885.
12a	**Standard deduction or itemized deductions** (from Schedule A)	12a	25,100.		
b	Charitable contributions if you take the standard deduction (see instructions)	12b			
c	Add lines 12a and 12b			12c	25,100.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12c and 13			14	25,100.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-			15	229,785.

Standard Deduction for—
- Single or Married filing separately, $12,550
- Married filing jointly or Qualifying widow(er), $25,100
- Head of household, $18,800
- If you checked any box under *Standard Deduction,* see instructions.

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐			16	43,190.
17	Amount from Schedule 2, line 3			17	
18	Add lines 16 and 17			18	43,190.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812			19	500.
20	Amount from Schedule 3, line 8			20	
21	Add lines 19 and 20			21	500.
22	Subtract line 21 from line 18. If zero or less, enter -0-			22	42,690.
23	Other taxes, including self-employment tax, from Schedule 2, line 21			23	167.
24	Add lines 22 and 23. This is your **total tax** ▶			24	42,857.
25	Federal income tax withheld from:				
a	Form(s) W-2	25a	39,559.		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c	0.		
d	Add lines 25a through 25c			25d	39,559.
26	2021 estimated tax payments and amount applied from 2020 return			26	
27a	Earned income credit (EIC) No	27a			
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐				
b	Nontaxable combat pay election 27b				
c	Prior year (2019) earned income 27c				
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	2,000.		
29	American opportunity credit from Form 8863, line 8	29			
30	Recovery rebate credit. See instructions	30			
31	Amount from Schedule 3, line 15	31	7,795.		
32	Add lines 27a and 28 through 31. These are your **total other payments and refundable credits** ▶			32	9,795.
33	Add lines 25d, 26, and 32. These are your **total payments** ▶			33	49,354.

If you have a qualifying child, attach Sch. EIC.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	6,497.
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	35a	6,497.
▶ b	Routing number 021200339 ▶ c Type: ☒ Checking ☐ Savings		
▶ d	Account number 38103317699 2		
36	Amount of line 34 you want **applied to your 2022 estimated tax** ▶ 36		

Direct deposit? See instructions.

Amount You Owe

37	**Amount you owe.** Subtract line 33 from line 24. For details on how to pay, see instructions ▶	37	
38	Estimated tax penalty (see instructions) ▶ 38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ▶ ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
		SOFTWARE ENGINEER	
Spouse's signature. If a joint return, both must sign.	**Date**	**Spouse's occupation**	**If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶**
		HOME MAKER	

Phone no. (201)850-3884 Email address ANSHUL.JAVA.2013@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/17/2022	P02082703	☐ Self-employed

Firm's name ▶ GLOBAL TAXES LLC Phone no. (678)965-9522

Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-1017196

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2021

Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	**Your social security number**
ANSHUL & CHARU SHARMA	487-65-4464

Part I Tax

1	Alternative minimum tax. Attach Form 6251			1	
2	Excess advance premium tax credit repayment. Attach Form 8962			2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17			3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required			8	
9	Household employment taxes. Attach Schedule H			9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11	Additional Medicare Tax. Attach Form 8959			11	167.
12	Net investment income tax. Attach Form 8960			12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	
16	Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ▶	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ▶	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Additional tax from Schedule 8812	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	167.

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2021

Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	**Your social security number**
ANSHUL & CHARU SHARMA	487-65-4464

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5	Residential energy credits. Attach Form 5695			5	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
z	Other nonrefundable credits. List type and amount ▶	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	7,795.
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b			
c	Health coverage tax credit from Form 8885	13c			
d	Credit for repayment of amounts included in income from earlier years	13d			
e	Reserved for future use	13e			
f	Deferred amount of net 965 tax liability (see instructions)	13f			
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g			
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h			
z	Other payments or refundable credits. List type and amount ▶	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	7,795.

SCHEDULE 8812 (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Credits for Qualifying Children and Other Dependents

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

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

1040 / 1040-SR / 1040-NR — 8812

OMB No. 1545-0074

2021

Attachment Sequence No. **47**

Name(s) shown on return	Your social security number
ANSHUL & CHARU SHARMA	487-65-4464

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	254,885.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.		
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	0.
3	Add lines 1 and 2d			3	254,885.
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.		
c	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	2,000.
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6	1.		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.				
7	Multiply line 6 by $500			7	500.
8	Add lines 5 and 7			8	2,500.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			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	2,500.
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 States 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 I-B Filers Who Check a Box on Line 13

Caution: 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	500.
b	Subtract line 14a from line 12	14b	2,000.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the **Credit Limit Worksheet A**	14c	43,190.
d	Enter the smaller of line 14a or line 14c	14d	500.
e	Add lines 14b and 14d	14e	2,500.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments 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 if 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	2,500.
h	Enter the smaller of line 14d or line 14g. **This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR**	14h	500.
i	Subtract line 14h from line 14g. **This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR**	14i	2,000.

Part I-C Filers Who Do Not Check a Box on Line 13

Caution: If you checked a box on line 13, do not complete Part I-C.

15a Enter the amount from the **Credit Limit Worksheet A** 15a

b Enter the smaller of line 12 or line 15a 15b

Additional child tax 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 4a is more than zero.

3. Line 12 is more than line 15a.

c If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0- 15c

d Add lines 15b and 15c 15d

e Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- 15e

Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.

f Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III 15f

g Enter the smaller of line 15b or line 15f. **This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR** 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** 15h

Part II-A 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.

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 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.

17 Enter the **smaller** of line 16a or line 16b 17

18a Earned income (see instructions) 18a

b Nontaxable combat pay (see instructions) 18b

19 Is the amount on line 18a more than $2,500?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☐ **Yes.** 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 20

Next. On line 16b, is the amount $4,200 or more?

☐ **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.

☐ **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.

Part II-B Certain Filers Who Have Three or More Qualifying Children

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 tier 1 RRTA taxes, see instructions 21

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22

23 Add lines 21 and 22 23

24 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.
1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. 24

25 Subtract line 24 from line 23. If zero or less, enter -0- 25

26 Enter the **larger** of line 20 or line 25 26

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 Enter this amount on line 15c 27

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	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
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	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	Enter the amount shown below for your filing status. • Married filing jointly or Qualifying widow(er)—$60,000 • Head of household—$50,000 • All other filing statuses—$40,000	33	
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	
35	Enter the amount from line 33	35	
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	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
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	

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

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

▶ Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment Sequence No. **52**

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 487-65-4464

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I — HSA Contributions and Deduction.
See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions ▶ ☐ Self-only ☒ Family		
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of **every** month during 2021, you were, or were considered, an eligible individual with the **same** coverage, enter \$3,600 (\$7,200 for family coverage). **All others,** see the instructions for the amount to enter	3	7,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	7,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	7,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	7,200.
9	Employer contributions made to your HSAs for 2021 — 9: 3,759.		
10	Qualified HSA funding distributions — 10:		
11	Add lines 9 and 10	11	3,759.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	3,441.
13	**HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13. **Caution:** If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

Part II — HSA Distributions.
If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16	
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ▶ ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III — Income and Additional Tax for Failure To Maintain HDHP Coverage.
See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	**Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20	
21	**Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

Form **8867**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to *www.irs.gov/Form8867* for instructions and the latest information.**

OMB No. 1545-0074

Attachment Sequence No. **70**

Taxpayer name(s) shown on return: ANSHUL & CHARU SHARMA

Taxpayer identification number: 487-65-4464

Enter preparer's name and PTIN: SYAM PRIYA RAM SAGAR GUPTA TALLAM — P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes,"** answer questions 4a and 4b. If **"No,"** go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	☒	☐	
	List those documents provided by the taxpayer, if any, that you relied on:			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? **(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)**	☒	☐	☐
a	Did you complete the required recertification Form 8862?	☐	☐	☐
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☐

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
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.)**	☐	☐	
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?	☐	☐	
c	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 claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
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?	☒	☐	
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 statement to the return?	☒	☐	☐

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

Form **8959**

Department of the Treasury
Internal Revenue Service

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.
▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
▶ Go to *www.irs.gov/Form8959* for instructions and the latest information.

OMB No. 1545-0074
2021
Attachment Sequence No. **71**

Name(s) shown on return: ANSHUL & CHARU SHARMA

Your social security number: 487-65-4464

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	268,536.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	268,536.		
5	Enter the following amount for your filing status: Married filing jointly . . . $250,000 Married filing separately . . . $125,000 Single, Head of household, or Qualifying widow(er) . . . $200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0-			6	18,536.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II			7	167.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8			
9	Enter the following amount for your filing status: Married filing jointly . . . $250,000 Married filing separately . . . $125,000 Single, Head of household, or Qualifying widow(er) . . . $200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0-	11			
12	Subtract line 11 from line 8. If zero or less, enter -0-			12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III			13	

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15	Enter the following amount for your filing status: Married filing jointly . . . $250,000 Married filing separately . . . $125,000 Single, Head of household, or Qualifying widow(er) . . . $200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0-			16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV			17	

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18	167.

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,894.		
20	Enter the amount from line 1	20	268,536.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,894.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages			22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)			23	
24	**Total Additional Medicare Tax withholding.** Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)			24	0.

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax— Individuals, Estates, and Trusts

▶ Attach to your tax return.
▶ Go to *www.irs.gov/Form8960* for instructions and the latest information.

OMB No. 1545-2227
2021
Attachment Sequence No. **72**

Name(s) shown on your tax return: ANSHUL & CHARU SHARMA
Your social security number or EIN: 487-65-4464

Part I **Investment Income**
☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a			
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c	Combine lines 4a and 4b			4c	
5a	Net gain or loss from disposition of property (see instructions)	5a			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	

Part II **Investment Expenses Allocable to Investment Income and Modifications**

9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	

Part III **Tax Computation**

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-			12	0.
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	254,885.		
14	Threshold based on filing status (see instructions)	14	250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	4,885.		
16	Enter the smaller of line 12 or line 15			16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			17	0.
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			21	

Form **W-7**
(Rev. August 2019)
Department of the Treasury
Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

▶ For use by individuals who are not U.S. citizens or permanent residents.
▶ See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

Before you begin:

- ***Don't submit*** *this form if you have, or are eligible to get, a U.S. social security number (SSN).*

Application type (check one box):
☐ Apply for a new ITIN
☒ Renew an existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions** (see instructions).

a ☐ Nonresident alien required to get an ITIN to claim tax treaty benefit
b ☐ Nonresident alien filing a U.S. federal tax return
c ☐ U.S. resident alien **(based on days present in the United States)** filing a U.S. federal tax return
d ☒ Dependent of U.S. citizen/resident alien — If **d,** enter relationship to U.S. citizen/resident alien (see instructions) ▶ SON
e ☐ Spouse of U.S. citizen/resident alien — If **d** or **e,** enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ ANSHUL SHARMA 487-65-4464
f ☐ Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
g ☐ Dependent/spouse of a nonresident alien holding a U.S. visa
h ☐ Other (see instructions) ▶

Additional information for **a** and **f**: Enter treaty country ▶ and treaty article number ▶

Name (see instructions)
1a First name: ASHWATH | Middle name: | Last name: SHARMA

Name at birth if different ▶
1b First name: | Middle name: | Last name:

Applicant's Mailing Address
2 Street address, apartment number, or rural route number. **If you have a P.O. box, see separate instructions.**
17 BRAEMAR CT
City or town, state or province, and country. Include ZIP code or postal code where appropriate.
Parsippany NJ USA 07054

Foreign (non-U.S.) Address (see instructions)
3 Street address, apartment number, or rural route number. **Don't use a P.O. box number.**
City or town, state or province, and country. Include postal code where appropriate.

Birth Information
4 Date of birth (month / day / year): 12/17/2009 | Country of birth: INDIA | City and state or province (optional): | 5 ☒ Male ☐ Female

Other Information
6a Country(ies) of citizenship: INDIA | 6b Foreign tax I.D. number (if any): | 6c Type of U.S. visa (if any), number, and expiration date:

6d Identification document(s) submitted (see instructions) ☒ Passport ☐ Driver's license/State I.D. ☐ USCIS documentation ☐ Other
Issued by: INDIA No.: J5879865 Exp. date: 03/27/2016 Date of entry into the United States (MM/DD/YYYY): 03/05/2016

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?
☐ **No/Don't know.** Skip line 6f.
☒ **Yes.** Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

6f Enter ITIN and/or IRSN ▶ **ITIN** 926-94-5347 **IRSN** and name under which it was issued ▶ ASHWATH (First name) | (Middle name) | SHARMA (Last name)

6g Name of college/university or company (see instructions) ▶
City and state ▶ Length of stay ▶

Sign Here
Keep a copy for your records.

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Signature of applicant (if delegate, see instructions) | Date (month / day / year) | Phone number

Name of delegate, if applicable (type or print) | Delegate's relationship to applicant ▶ ☐ Parent ☐ Court-appointed guardian ☐ Power of attorney

Acceptance Agent's Use ONLY
Signature | Date (month / day / year) | Phone | Fax
Name and title (type or print) | Name of company | EIN | PTIN | Office code

NEW YORK STATE

Department of Taxation and Finance

New York State E-File Signature Authorization for Tax Year 2021

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do **not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name	Spouse's name *(jointly filed return only)*
ANSHUL SHARMA	CHARU SHARMA

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return,* IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return,* IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit,* and NYC-210, *Claim for New York City School Tax Credit.* Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals.* See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2021 Form IT-370 and Tax Year 2022 Form IT-2105*.

Part A – Tax return information

1	Federal adjusted gross income *(from applicable line)*	1.	254885.
2	Refund	2.	4766.
3	Amount you owe	3.	
4	Financial institution routing number	4.	021200339
5	Financial institution account number	5.	381033176992

6 Account type: ☒ Personal checking ☐ Personal savings ☐ Business checking ☐ Business savings

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2021 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2021 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designate financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2021 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Signature	Date
Taxpayer's signature	
Spouse's signature *(jointly filed return only)*	

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2021 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2021 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

Signature	Print name	Date
ERO's signature	GLOBAL TAXES LLC	
Paid preparer's signature	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02172022

REV 02/15/22 PRO

NEW YORK STATE 2021

Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

IT-203

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning 21

and ending ....

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial	Your last name *(for a **joint return**, enter spouse's name on line below)*	Your date of birth *(mmddyyyy)*	Your Social Security number
ANSHUL	SHARMA	08091981	487654464
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mmddyyyy)*	Spouse's Social Security number
CHARU	SHARMA	02161984	725597813

Mailing address **(see instructions, page 12)** *(number and street or PO Box)*	Apartment number	New York State county of residence
17 BRAEMAR CT		NR

City, village, or post office	State	ZIP code	Country	School district name
PARSIPPANY	NJ	07054		NR

Taxpayer's permanent home address **(see instr., pg. 12)** *(no. and street or rural route)* Apartment no. City, village, or post office School district code number

State ZIP code Country

Decedent information Taxpayer's date of death Spouse's date of death

A Filing status *(mark an **X** in one box)*:

① ☐ Single

② ☒ Married filing joint return *(enter both spouses' Social Security numbers above)*

③ ☐ Married filing separate return *(enter both spouses' Social Security numbers above)*

④ ☐ Head of household *(with qualifying person)*

⑤ ☐ Qualifying widow(er)

B **Did you itemize** your deductions on your 2021 federal income tax return? .... Yes ☐ No ☒

C **Can you be claimed** as a dependent on another taxpayer's federal return? .... Yes ☐ No ☒

D1 Did you have a financial account located in a foreign country? *(see page 13)* .... es ☐ No ☒

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? *(see page 13)* .... es ☐ No ☒

E **New York City part-year residents only** *(see page 13)*

(1) Number of months **you** lived in NY City in 2021 ..... ☐

(2) Number of months **your spouse** lived in NY City in 2021 .... ☐

F Enter your **2-character special condition code(s) if applicable** *(see page 13)* .... ☐ ☐

G **New York State part-year residents** *(see page 14)*

Enter the date you moved into or out of NYS *(mmddyyyy)* ....

On the last day of the tax year *(mark an **X** in one box)*:

1) Lived in NYS .... ☐

2) Lived outside NYS; received income from NYS sources during nonresident period .... ☐

3) Lived outside NYS; received no income from NYS sources during nonresident period .... ☐

H **New York State nonresidents** *(see page 14)*

Did you or your spouse maintain living quarters in NYS in 2021? .... es ☐ No ☒

(if Yes, complete Form IT-203-B)

I Dependent information *(see page 14)*

First name and middle initial	Last name	Relationship	Social Security number	Date of birth *(mmddyyyy)*
ASHWATH	SHARMA	SON	926945347	12172009
SHIVESH	SHARMA	SON	597431140	08242016

If more than 6 dependents, mark an ***X*** in the box. ☐

203001213555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number: 487654464

REV 02/15/22 PRO

Federal income and adjustments

(see page 16)

			Federal amount (Whole dollars only)		New York State amount (Whole dollars only)
1	Wages, salaries, tips, etc.	1	254885.00	1	254885.00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 24)*	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss *(submit a copy of federal Sch. C, Form 1040)*	6	.00	6	.00
7	Capital gain or loss *(if required, submit a copy of federal Sch. D, Form 1040)*	7	.00	7	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark ***X*** in box ☐	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark ***X*** in box ☐	10	.00	10	.00
1	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit a copy of federal Schedule E, Form 1040)*	11	.00	11	.00
12	Rental real estate included in line 11 *(federal amount)* **12.** .00				
13	Farm income or loss *(submit a copy of federal Sch. F, Form 1040)*	13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
15	Taxable amount of Social Security benefits *(also enter on line 26)*	15	.00	15	.00
16	Other income *(see page 22)* Identify:	16	.00	16	.00
1	Add lines **1 through 11** and **13 through 16**	17	254885.00	17	254885.00
18	Total federal adjustments to income *(see page 22)* Identify:	18	.00	18	.00
19	Federal adjusted gross income *(subtract line 18 from line 17)*	19	254885.00	19	254885.00
19a	**Recomputed federal adjusted gross income** *(see page 23, Line 19a worksheets)*	19a	254885.00	19a	254885.00

New York additions

(see page 24)

			Federal amount		New York State amount
20	Interest income on state and local bonds and obligations *(but not those of New York State or its localities)*	20	.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
22	Other *(Form IT-225, line 9)*	22	.00	22	.00
23	Add lines **19a** through **22**	23	254885.00	23	254885.00

New York subtractions

(see page 25)

			Federal amount		New York State amount
24	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	24	.00	2	.00
25	Pensions of NYS and local governments and the federal government *(see page 25)*	25	.00	2	.00
26	Taxable amount of Social Security benefits *(from line 15)*	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	.00	28	.00
29	Other *(Form IT-225, line 18)*	29	.00	29	.00
30	Ad lines 24 through 29	30	.00	30	.00
31	**New York adjusted gross income** *(subtract line **30** from line **23**)*	31	254885.00	31	254885.00

32 Enter the amount from line 31, ***Federal amount*** column → 32 254885.00

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Standard deduction or itemized deduction *(see page 27)*

33 Enter your **standard deduction** *(table on page 27)* **or** your **itemized deduction** *(from Form IT-196)*. Mark an ***X*** in the appropriate box: ... [X] **Standard** – or – [ ] **Itemized**	33	16050.00
34 Subtract line 33 from line 32 *(if line 33 is more than line 32, leave blank)*	34	238835.00
35 Dependent exemptions *(enter the number of dependents listed in Item I; see page 27)*	35	2 000.00
36 New York taxable income *(subtract line 35 from line 34)*	36	236835.00

Tax computation, credits, and other taxes

37 New York taxable income *(from line 36)*	37	236835.00
38 New York State tax on line 37 amount *(see page 28)*	38	14992.00
39 New York State household credit *(page 28, table 1, 2, or 3)*	39	.00
40 Subtract line 39 from line 38 *(if line 39 is more than line 38, leave blank)*	40	14992.00
41 New York State child and dependent care credit *(see page 29)*	41	.00
42 Subtract line 41 from line 40 *(if line 41 is more than line 40, leave blank)*	42	14992.00
43 New York State earned income credit *(see page 29)*	43	.00
44 Base tax *(subtract line 43 from line 42; if line 43 is more than line 42, leave blank)*	44	14992.00

45 Income percentage *(see page 29)*

New York State amount from line 31		Federal amount from line 31			Round result to 4 decimal places
254885.00	÷	254885.00	=	45	1.0000

46 Allocated New York State tax *(multiply line 44 by the decimal on line 45)*	46	14992.00
47 New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	47	.00
48 Subtract line 47 from line 46 *(if line 47 is more than line 46, leave blank)*	48	14992.00
49 Net other New York State taxes *(Form IT-203-ATT, line 33)*	49	.00
50 Total New York State taxes *(add lines 48 and 49)*	50	14992.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax *(Form IT-360.1)*	51	.00
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from 51	52a	.00
52b MCTMT net earnings base .. 52b .00		
52c MCTMT	52c	.00
53 Yonkers nonresident earnings tax *(Form Y-203)*	53	.00
54 Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	54	.00

See instructions on pages 29 through 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

55 Total New York City and Yonkers taxes / surcharges and MCTMT *(add lines 52a, and 52c through 54)*	55	.00
56 Sales or use tax *(See the instructions on page 31. **Do not leave line 56 blank.**)*	56	0.00
57 Voluntary contributions *(Form IT-227, Part 2, line 1)*	57	.00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions *(add lines **50**, **55**, **56**, and **57**)*	58	14992.00

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 Enter your Social Security number 487654464 REV 02/15/22 PRO

59 Enter amount from line 58 .... 59 | 14992.00

Payments and refundable credits *(see page 32)*

60 Part-year NYC school tax credit (fixed amount) *(also complete* **E** *on front)*	60	.00
60a NYC school tax credit (rate reduction amount)	60a	.00
61 Other refundable credits *(Form IT-203-ATT, line 17)*	61	.00
62 Total **New York State** tax withheld	62	19758.00
63 Total **New York City** tax withheld	63	.00
6 Total **Yonkers** tax withheld	64	.00
65 Total estimated tax payments/amount paid with Form IT-37	65	.00
66 **Total payments and refundable credits** *(add lines 60 through 65)*	66	19758.00

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return *(see pages 10 and 11)*.

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information *(se pages 34 through 36)*

67 **Amount overpaid** *(if line 66 is* ***more than*** *line 59, subtract line 59 from line 66; see page 34)*	67	4766.00
6 Amount of line 67 **available for refund** *(subtract line 69 from line 67)*	68	4766.00
68a Amount of line 68 that you want to deposit into a NYS 529 account *(Form IT-195, line 4) (also submit Form IT-195)*	68a	.00
68b Total refund after NYS 529 account deposit *(subtract line 68a from line 68)*	68b	4766.00

TIP: Use this amount to check your refund status online.

Mark one refund choice: [X] **direct deposit** to checking or savings account *(fill in line 73)* - or - [ ] **paper check**

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 35 for payment options.

69 Amount of line 67 that you want applied to your 2022 estimated tax *(see instructions)* ..... 69 | .00

70 Amount you **owe** *(if line 66 is* ***less than*** *line 59, subtract line 66 from line 59)*. To pay by electronic funds withdrawal, mark an ***X*** in the box [ ] and fill in lines 73 and 74. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return. ..... 70 | .00

71 Estimated tax penalty *(include this amount on line 70, or red ce the overpayment on line 67; see page 35)* ..... 71 | .00

72 Other penalties and interest *(see page 35)* ..... 72 | .00

See page 38 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal *(see page 36)*.
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an ***X*** in this box *(see pg. 36)* [ ]

73a Account type: [X] Personal checking - or - [ ] Personal savings - or - [ ] Business checking - or - [ ] Business savings

73b Routing number 021200339 73c Account number 381033176992

74 Electronic funds withdrawal *(see page 36)* ..... Date ______ Amount .00

Third-party designee? *(see instr.)* Yes [ ] No [X]
Print designee's name | Designee's phone number ( ) | Personal identification number (PIN)
Email:

▼ Paid preparer must complete ▼ *(see instructions)*
Preparer's NYTPRIN | NYTPRIN excl. code 0 9
Preparer's signature SYAM PRIYA RAM SAGAR GUP | Preparer's printed name SYAM PRIYA RAM SAGAR GUP
Firm's name *(or yours, if self-employed)* GLOBAL TAXES LLC | Preparer's PTIN or SSN P02082703
Address 2530 PEBBLE CREEK LN CUMMING GA 30041 | Employer identification number 301017196 | Date 02172022
Email: SYAM@GTAXFILE.COM

▼ Taxpayer(s) must sign here ▼
Your signature
Your occupation SOFTWARE ENGINEER
Spouse's signature and occupation *(if joint return)* HOME MAKER
Date | Daytime phone number (201)850 3884
Email: ANSHUL.JAVA.2013@GMAIL.COM

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203004213555

NEW YORK STATE 2021

Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 R ord 1

Box a Employee's Social Security number for this W-2 Record: 487654464

Box b Employer identification number (EIN): 133806691

Box c Employer's information

Employer's name	BLACKROCK FINANCIAL MANAGEMENT INC
Employer's address *(number and street)*	40 EAST 52ND STREET
City	NEW YORK
State	NY
ZIP code	10022
Country *(if not United States)*	

Box	Amount	Box	Amount	Code	Box	Amount	Description
Box 1 Wages, tips, other compensation	123644.00	**Box 12a**	112.00	C	**Box 14a**	123644.00	NY TXBL WAGE
Box Allocated tips	.00	**Box 12b**	6900.00	D	**Box 14b**	385.00	NY FL
Box 10 Dependent care benefits	.00	**Box 12c**	3759.00	W	**Box 14c**	.00	
Box 11 Nonqualified plans	.00	**Box 12d**	15107.00	DD	**Box 14d**	.00	

Box 13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐ Corrected (W-2c) ☐

NY State information: **Box 15a** NY State	NY	**Box 16a** NYS wages, tips, etc.: 123644.00	**Box 17a** NYS income tax withheld: 8400.00
Other state information: **Box 15b** other state	NJ	**Box 16b** Other state wages, tips, etc.: 130870.00	**Box 17b** Other state income tax withheld: 230.00

NYC and **Yonkers** information *(see instr.)*:

	Box 18 Local wages, tips, etc.	**Box 19** Local income tax withheld	**Box 20** Locality name
Locality a	.00	.00	
Locality b	.00	.00	

Do not detach.

W-2 R ord 2

Box a Employee's Social Security number for this W-2 Record: 487654464

Box b Employer identification number (EIN): 133417984

Box c Employer's information

Employer's name	BLOOMBERG L P
Employer's address *(number and street)*	731 LEXINGTON AVENUE
City	NEW YORK
State	NY
ZIP code	10022
Country *(if not United States)*	

Box	Amount	Box	Amount	Code	Box	Amount	Description
Box 1 Wages, tips, other compensation	131241.00	**Box 12a**	75.00	C	**Box 14a**	385.00	NYPFL
Box Allocated tips	.00	**Box 12b**	6750.00	D	**Box 14b**	.00	
Box 10 Dependent care benefits	.00	**Box 12c**	11971.00	DD	**Box 14c**	.00	
Box 11 Nonqualified plans	.00	**Box 12d**	.00		**Box 14d**	.00	

Box 13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐ Corrected (W-2c) ☐

NY State information: **Box 15a** NY State	NY	**Box 16a** NYS wages, tips, etc.: 131242.00	**Box 17a** NYS income tax withheld: 11358.00
Other state information: **Box 15b** other state	NJ	**Box 16b** Other state wages, tips, etc.: 131242.00	**Box 17b** Other state income tax withheld: .00

NYC and **Yonkers** information *(see instr.)*:

	Box 18 Local wages, tips, etc.	**Box 1** Local income tax withheld	**Box 20** Locality name
Locality a	.00	.00	
Locality b	.00	.00	

NO HANDWRITTEN ENTRIES ON THIS FORM

NJ-1040
2021
Page 1

040MP01210

2021 NJ-1040
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

Your Social Security Number (required)
487654464

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
SHARMA ANSHUL & CHARU

Spouse's/CU Partner's SSN (if filing jointly)
725597813

Home Address (Number and Street, including apartment number)
17 BRAEMAR CT

County/Municipality Code (See Table page 50)
1429

City, Town, Post Office	State	ZIP Code
PARSIPPANY	NJ	07054

Driver's License Number (Voluntary) (See instructions)

Federal extension filed.
The address above is a foreign address.
Your address has changed.
Death certificate is enclosed.
Do not want a paper form next year.
I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
NJ-1040-O is enclosed.

Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

Do you want to designate $1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse want to designate $1?	Spouse/CU Partner	Yes	No

Direct Deposit Information

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	4
dd2.	Account type (C for checking, S for savings)	dd2.	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4.	Routing number	dd4.	
dd5.	Account number	dd5.	

NJ-1040
2021
Page 2

040MP02210

Name(s) as shown on Form NJ-1040
SHARMA ANSHUL & CHARU

Your Social Security Number
487654464

1555

Part-year residents, provide months/days you were a New Jersey resident during 2021:

From: To:

Fiscal year filers only:
Enter month of your year end 2022

Filing Status
Fill in only one.

1. Single
2. X Married/CU Couple, filing joint return
3. Married/CU Partner, filing separate return
4. Head of Household — Enter spouse's/CU partner's SSN
5. Qualifying Widow(er)/Surviving CU Partner
   Indicate the year of your spouse's/CU partner's death: 2019 2020

Exemptions
Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6.	Regular	X Self	X Spouse/CU Partner	Domestic Partner	2	x $1,000 =	2000
7.	Senior 65+ (Born in 1956 or earlier)	Self	Spouse/CU Partner			x $1,000 =	
8.	Blind/Disabled	Self	Spouse/CU Partner			x $1,000 =	
9.	Veteran	Self	Spouse/CU Partner			x $6,000 =	
10.	Qualified Dependent Children				2	x $1,500 =	3000
11.	Other Dependents					x $1,500 =	
12.	Dependents Attending Colleges (See instructions)					x $1,000 =	
13.	Total Exemption Amount (Add totals from the lines at 6 through 12)					13.	5000 .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	SHARMA, ASHWATH	926945347	2009	
b.	SHARMA, SHIVESH	597431140	2016	
c.				
d.				

040MP03210

Name(s) as shown on Form NJ-1040
SHARMA ANSHUL & CHARU

Your Social Security Number
487654464

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	262112 .
16a.	Taxable interest income (Enclose federal Schedule B if over $1,500) (See instructions)	16a.	.
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.
17.	Dividends	17.	.
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	.
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	.
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	.
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.
24.	Net Gambling Winnings (See instructions)	24.	.
25.	Alimony and Separate Maintenance Payments received	25.	.
26.	Other (Enclose documents) (See instructions)	26.	.
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	262112 .
28a.	Pension/Retirement Exclusion (See instructions)	28a.	.
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	.
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	.
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	262112 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	5000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	.
32.	Alimony and Separate Maintenance Payments (See instructions)	32.	.
33.	Qualified Conservation Contribution	33.	.
34.	Health Enterprise Zone Deduction	34.	.
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	.
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	5000 .
38.	Taxable Income (Subtract line 37 from line 29)	38.	257112 .
39a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	6048 .
39b.	Block .		
39b.	Lot .		
39b.	Qualifier — Fill in if you completed Worksheet G		
39c.	County/Municipality Code		
39d.	Indicate your residency status during 2021 (fill in only one) Homeowner Tenant Both		
40.	Property Tax Deduction (From Worksheet H) (See instructions)	40.	.
41.	New Jersey Taxable Income (Subtract line 40 from line 38)	41.	257112 .
42.	Tax on Amount on line 41 (Tax Table page 52)	42.	12336 .
43.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	11996 .
	Enter Code		32
44.	Balance of Tax (Subtract line 43 from line 42)	44.	340 .
45.	Sheltered Workshop Tax Credit	45.	.
46.	Gold Star Family Counseling Credit (See instructions)	46.	.
47.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	47.	.
48.	Total Credits (Add lines 45 through 47)	48.	.
49.	Balance of Tax After Credits (Subtract line 48 from line 44) If zero or less, make no entry	49.	340 .
50.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	50.	0 .
51.	Interest on Underpayment of Estimated Tax	51.	.
	Fill in if Form NJ-2210 is enclosed		
52.	Shared Responsibility Payment (See instructions) **REQUIRED** Enclose Schedule HCC and fill in X	52.	0 .

NJ-1040
2021
Page 4

040MP04210

Name(s) as shown on Form NJ-1040
SHARMA ANSHUL & CHARU

Your Social Security Number
487654464 1555

53.	Total Tax Due (Add lines 49 through 52)					53.	340 .
54.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)					54.	230 .
55.	Property Tax Credit (See instructions page 23)					55.	50 .
56.	New Jersey Estimated Tax Payments/Credit from 2020 tax return					56.	.
57.	New Jersey Earned Income Tax Credit (See instructions)					57.	.
	Fill in if you had the IRS calculate your federal earned income credit						
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit						
58.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)					58.	.
59.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)					59.	.
60.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)					60.	.
61.	Wounded Warrior Caregivers Credit (See instructions)					61.	.
62.	Pass-Through Business Alternative Income Tax Credit (See instructions)					62.	.
63.	Child and Dependent Care Credit (See instructions)					63.	.
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit						
64.	Total Withholdings, Credits, and Payments (Add lines 54 through 63)					64.	280 .
65.	If line 64 is less than line 53, you have tax due. Subtract line 64 from line 53 and enter the amount you owe					65.	60 .
	If you owe tax, you can still make a donation on lines 68 through 75.						
66.	If the total on line 64 is more than line 53, you have an overpayment. Subtract line 53 from line 64 and enter the overpayment					66.	.
67.	Amount from line 66 you want to credit to your 2022 tax					67.	.
68.	Contribution to N.J. Endangered Wildlife Fund	$10	$20	Other		68.	.
69.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	$10	$20	Other		69.	.
70.	Contribution to N.J. Vietnam Veterans' Memorial Fund	$10	$20	Other		70.	.
71.	Contribution to N.J. Breast Cancer Research Fund	$10	$20	Other		71.	.
72.	Contribution to U.S.S. New Jersey Educational Museum Fund	$10	$20	Other		72.	.
73.	Other Designated Contribution (See instructions)	$10	$20	Other	Enter Code	73.	.
74.	Other Designated Contribution (See instructions)	$10	$20	Other	Enter Code	74.	.
75.	Other Designated Contribution (See instructions)	$10	$20	Other	Enter Code	75.	.
76.	Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)					76.	.
77.	Balance due (If line 65 is more than zero, add line 65 and line 76)					77.	60 .
78.	Refund amount (If line 66 is more than zero, subtract line 76 from line 66)					78.	.

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703

Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LLC 30-1017196

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
State of New Jersey
Division of Taxation
Revenue Processing Center - Payment
PO Box 111
Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:
State of New Jersey – TGI
You can also make a payment on our website:
nj.gov/taxation

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

Division Use: 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____

Schedule
NJ-HCC
(Form NJ-1040)

New Jersey
Health Care Coverage

2021

If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return	Social Security No.
SHARMA, ANSHUL & CHARU	487-65-4464

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2021 (See instructions for line 52, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- [X] Yes. You do not owe a shared responsibility payment. Fill in the oval at line 52, NJ-1040, and enclose this schedule with your return.
- [ ] No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 52, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

QuickZoom to Shared Responsibility Payment Calculation Worksheet . . . . ➡ ____________

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
Exemption Code . .		Check box if this individual has more than one exemption number .											
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Exemption Code . .		Check box if this individual has more than one exemption number .											
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Exemption Code . .		Check box if this individual has more than one exemption number .											
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Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											