

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 MEGHANATH REDDY BOBBALA	Social security number 808-88-4589
Spouse's name HARSHINI RAMASAHAYAM	Spouse's social security number APPLIED FOR

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	74,265.
2	Total tax	2	5,503.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,183.
4	Amount you want refunded to you	4	3,680.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

8	4	5	8	9
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	6	1	9	8	9
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Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Form fields for personal information: Your first name and middle initial (MEGHANATH REDDY), Last name (BOBBALA), Your social security number (808-88-4589), Spouse's social security number (APPLIED FOR), Home address (2200 VAUGHN LAKES BLVD), City (MONTGOMERY), State (AL), ZIP code (36117)

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

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

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

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

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required and Standard Deduction for— with various income and deduction categories and their amounts.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	5,503.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	5,503.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,503.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	5,503.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,183.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,183.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	9,183.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,680.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,680.
Direct deposit? See instructions.	b Routing number 1 2 1 0 0 0 3 5 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 3 2 5 0 5 5 4 0 7 8 6 7		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

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

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (814) 384-9875	Email address REDDYMAGGI6@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/11/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN 30-1017196

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **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.**

Name(s) shown on return
MEGHANATH REDDY BOBBALA & HARSHINI RAMASAHAYAM

Your social security number
808-88-4589

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **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)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a 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 .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	2,748.	1,923.		825.
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 (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 825.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(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				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	825.
	<ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> 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? <input type="checkbox"/> 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. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	()
	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? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► 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.

Name(s) shown on return: **MEGHANATH REDDY BOBBALA & HARSHINI RAMASAHAYAM**
Social security number or taxpayer identification number: **808-88-4589**

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.

- (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 (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Crypto LLC	01/01/21	12/31/21	698.	199.			499.
	Robinhood Securities LLC	01/01/21	12/31/21	2,050.	1,724.			326.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				2,748.	1,923.			825.

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.

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

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

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

Application type (check one box): <input checked="" type="checkbox"/> Apply for a new ITIN <input type="checkbox"/> Renew an existing ITIN
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Before you begin:

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

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) ► _____
- 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) ► _____
MEGHANATH REDDY BOBBALA 808-88-4589
- 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) Name at birth if different . . . ►	1a First name HARSHINI	Middle name	Last name RAMASAHAYAM
	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. 2200 VAUGHN LAKES BLVD Apt 3025
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. MONTGOMERY AL USA 36117

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) 09 / 28 / 1999	Country of birth INDIA	City and state or province (optional)	5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
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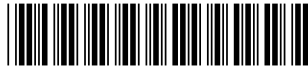
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.D. number (if any)	6c Type of U.S. visa (if any), number, and expiration date
	6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ Issued by: INDIA No.: U4791558 Exp. date: 08 / 16 / 2030 Date of entry into the United States (MM/DD/YYYY): _____		
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> 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 _____ IRSN _____ and name under which it was issued ► _____ First name Middle name Last name		
6g Name of college/university or company (see instructions) ► _____ City and state ► _____ Length of stay ► _____			

Sign Here
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.

Keep a copy for your records.	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	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> 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	

FORM 40 Alabama 2021 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2021, or other tax year:

Beginning: Ending: ●

Your social security number

● 808-88-4589

● Check if primary is deceased
Primary's deceased date (mm/dd/yy) ●

Spouse's SSN if joint return

● APPLIED FOR

● Check if spouse is deceased
Spouse's deceased date (mm/dd/yy) ●

Your first name

● MEGHANATH REDDY ●

Initial

●

Last name

● BOBBALA

Spouse's first name

● HARSHINI

Initial

●

Last name

● RAMASAHAYAM

Present home address (number and street or P.O. Box number)

● 2200 VAUGHN LAKES BLVD 3025

City, town or post office

● MONTGOMERY

State

● AL

ZIP code

● 36117

Check if address is outside U.S. ●

Foreign Country

▶ CHECK BOX IF AMENDED RETURN ●

Filing Status/ 1 ● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spouse SSN ●
Exemptions 2 ● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person). Complete Schedule HOF

	A - Alabama tax withheld		B - Income	
	5a	●	5b	●
5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	1,967		48,168	
5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J):				
6 Interest and dividend income (also attach Schedule B if over \$1,500)				
7 Other income (from page 2, Part I, line 9)			825	
8 Total income. Add amounts in the income column for line 5b through line 7			48,993	
9 Total adjustments to income (from page 2, Part II, line 16)				
10 Adjusted gross income. Subtract line 9 from line 8			48,993	

Deductions

If claiming a deduction on line 12, you must attach page 1, 2 and Schedule 1 of your Federal Return, if applicable.

11	Box a or b MUST be checked. Check box a, if you itemize deductions, and enter amount from Schedule A, line 27. Check box b, if you do not itemize deductions, and enter standard deduction (see instructions)		
	● a <input checked="" type="checkbox"/> Itemized Deductions ● b <input type="checkbox"/> Standard Deduction	11	● 5,618
12	Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	12	● 5,503
13	Personal exemption (from line 1, 2, 3, or 4)	13	● 3,000
14	Dependent exemption (from page 2, Part III, line 2)	14	●
15	Total deductions. Add lines 11, 12, 13, and 14	15	● 14,121

Tax

Staple Form(s) W-2, W-2G, and/or 1099 here. Attach Schedule W-2 to return.

16	Taxable income. Subtract line 15 from line 10	16	● 34,872
17	Income Tax due. Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A	17	● 1,663
18	Net tax due Alabama. Check box if computing tax using Schedule OC ● <input type="checkbox"/> , otherwise enter amount from line 17. ...	18	● 1,663
19	Additional taxes (from Schedule ATP, Part I, Line 3)	19	● 0
20	Alabama Election Campaign Fund. You may make a voluntary contribution to the following: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	20a	●
	b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	20b	●
21	Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b	21	● 1,663

Payments

22	Alabama income tax withheld (from column A, line 5a)	22	● 1,967
23	2021 estimated tax payments/Automatic Extension Payment	23	●
24	Amended Returns Only - Previous payments (see instructions)	24	●
25	Refundable Credits. Enter the amount from Schedule OC, Section F, line F4 ...	25	●
26	Payments from Schedule CP, Section B, Line 1	26	●
27	Total payments. Add lines 22, 23, 24, 25 and 26	27	● 1,967
28	Amended Returns Only - Previous refund (see instructions)	28	●
29	Adjusted Total Payments. Subtract line 28 from line 27	29	● 1,967

AMOUNT YOU OWE

30	If line 21 is larger than line 29, subtract line 29 from line 21, and enter AMOUNT YOU OWE and add line 31. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	30	●
31	Penalties (from Schedule ATP, Part II, line 3) (see instructions)	31	●

OVERPAID

32	If line 29 is larger than line 21, subtract line 21 from line 29, and enter amount OVERPAID	32	● 304
33	Amount of line 32 to be applied to your 2022 estimated tax	33	●

Donations

34	Total Donation Check-offs from Schedule DC, line 2	34	●
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REFUND

35	REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) If line 32 is greater than zero, subtract lines 31, 33 and 34 from line 32	35	● 304
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For Direct Deposit, check here ● and complete Part V, Page 2.



PART I

1 Alimony received 1 ●

2 Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions) 2 ●

3 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D) 3 ● 825

Other Income (See instructions)

4a Total IRA distributions 4a ● 4b Taxable amount (see instructions) 4b ●

5a Total pensions and annuities 5a ● 5b Taxable amount (see instructions) 5b ●

6 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) 6 ●

7 Farm income or (loss) (attach Federal Schedule F) 7 ●

8 Other income (state nature and source — see instructions) 8 ●

9 **Total other income.** Add lines 1 through 8. Enter here and also on page 1, line 7 9 ● 825

PART II

1a Your IRA deduction 1a ●

b Spouse's IRA deduction 1b ●

2 Payments to a Keogh retirement plan and self-employment SEP deduction 2 ●

3 Penalty on early withdrawal of savings 3 ●

4 Alimony paid. Recipient's last name _____ SSN ● _____ 4 ●

5 Adoption expenses 5 ●

Adjustments to Income (See instructions)

6 Moving Expenses (Attach Federal Form 3903) to:
City _____ State ____ ZIP _____ 6 ●

7 Self-employed health insurance deduction 7 ●

8 Payments to Alabama College Counts 529 Fund or Alabama PACT Program 8 ●

9 Health insurance deduction for small employer employee (see instructions) 9 ●

10 Costs to retrofit or upgrade home to resist wind or flood damage 10 ●

11 Deposits to a catastrophe savings account 11 ●

12 Contributions to a health savings account 12 ●

13 Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions) 13 ●

14 Firefighter's Insurance Premium 14 ●

15 Contributions to an Achieving a Better Life Experience (ABLE) savings account 15 ●

16 Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9 16 ●

PART III

1 Total number of dependents from Schedule DS, line 1b 1 ●

2 **Amount allowed.** (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions.) Enter amount here and on page 1, line 14 2 ●

PART IV

General Information

1 **Residency** Check only one box Full Year Part Year From _____ 2021 through _____ 2021.

2 Did you file an Alabama income tax return for the year 2020? Yes No If no, state reason OUT OF STATE

3 Give name and address of present employer(s). Yours NONE
Your Spouse's NONE

All Taxpayers Must Complete This Section. (See instructions)

4 Enter the Federal Adjusted Gross Income ● \$ 74,265 and Federal Taxable Income ● \$ 49,165 as reported on your 2021 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? Yes No
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source ● Amount ●
Source ● Amount ●

PART V For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)

Direct Deposit

1 Routing Number: 121000358 2 Type: Checking Savings 3 Account Number: 325055407867

4 Is this refund going to or through an account that is located outside of the United States? Yes No

Drivers License Info

DOB (mm/dd/yyyy) ● XX/XX/XXXX Your state ● XX DL# ● XXXXXXXX Iss date (mm/dd/yyyy) ● XX/XX/XXXX Exp date (mm/dd/yyyy) ● XX/XX/XXXX

DOB (mm/dd/yyyy) ● _____ Spouse state ● _____ DL# ● _____ Iss date (mm/dd/yyyy) ● _____ Exp date (mm/dd/yyyy) ● _____

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
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.

Sign Here In Black Ink Keep a copy of this return for your records.

Your Signature _____ Date _____ Daytime Telephone Number (814) 384-9875 Your Occupation SOFTWARE ENGINEER

Spouse's Signature (if joint return, BOTH must sign) _____ Date _____ Daytime Telephone Number _____ Spouse's Occupation HOME MAKER

Preparer's Signature _____ Date 03/11/2022 Check if Self-employed Preparer's SSN or PTIN P02082703 E.I. Number 30-1017196

Paid Preparer's Use Only
Firm's Name (or yours if self employed) GLOBAL TAXES LLC Daytime Telephone No. (678) 965-9522 ZIP Code 30041
Address 2530 PEBBLE CREEK LN CUMMING GA

**SCHEDULES
A, B, & DC
(FORM 40)**



(Schedules B and DC are on back page)

ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40 M BOBBALA & H RAMASAHAYAM	Your social security number 808-88-4589
---	---

The itemized deductions you may claim for the year 2021 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

CAUTION: Do not include expenses reimbursed or paid by others.					
Medical and Dental Expenses	1 Medical and dental expenses.....	1	0	00	
	2 Enter amount from Form 40, line 10.	2		00	
	3 Multiply the amount on line 2 by 4% (.04). Enter the result.....	3		00	
	4 Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-.....	4	●		00
Taxes You Paid	5 Real estate taxes.....	5		00	
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.....	6	5,618	00	
	7 Railroad Retirement (Tier 1 only).....	7		00	
	8 Other taxes. (List - include personal property taxes.) ►	8		00	
	9 Add the amounts on lines 5 through 8. Enter the total here.....	9	●	5,618	00
Interest You Paid	10a Home mortgage interest and points reported to you on Federal Form 1098.....	10a		00	
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ►				
		10b		00	
	11 Qualified mortgage insurance premiums.....	11		00	
	12 Points not reported to you on Form 1098.....	12		00	
	13 Investment interest. (Attach Form 4952A.).....	13		00	
14 Add the amounts on lines 10a through 13. Enter the total here.....	14	●		00	
Gifts to Charity	CAUTION: If you made a charitable contribution and received a benefit in return, see instructions.				
	15 Contributions by cash or check.....	15		00	
	16 Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.).....	16		00	
	17 Carryover from prior year.....	17		00	
18 Add the amounts on lines 15 through 17. Enter the total here.....	18	●		00	
Casualty and Theft Loss (Attach Form 4684)	19a Enter the loss from Federal Form 4684, either A <input type="checkbox"/> line 15, or B <input type="checkbox"/> line 16.....	19a		00	
	b Enter 10% of your Adjusted Gross Income (Form 40, line 10) if box B is checked, otherwise enter zero.....	19b		00	
	c Subtract line 19b from line 19a. If zero or less, enter -0-.....	19c	●		00
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses — job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required. See instructions.) ►	20		00	
	21 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ►	21		00	
	22 Add the amounts on lines 20 and 21. Enter the total.....	22		00	
	23 Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here.....	23		00	
	24 Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-.....	24	●		00
Other Miscellaneous Deductions	25 Other (from list in the instructions). List type and amount. ►				
		25	●		00
Qualified Long-Term Care Ins. Premiums	CAUTION: Do not include medical premiums.				
	26 Enter amount here.....	26	●		00
Total Itemized Deductions	27 Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions.....	27	●	5,618	00



SCHEDULE
ATP

ALABAMA DEPARTMENT OF REVENUE
INCOME TAX ADMINISTRATION DIVISION
Additional Taxes & Penalties

2021

NAME(S) AS SHOWN ON THE TAX RETURN

SOCIAL SECURITY NUMBER

M BOBBALA & H RAMASAHAYAM

808-88-4589

PART I Additional Taxes

1	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input checked="" type="checkbox"/>	1	●	0
2	Catastrophe savings tax (see instructions)	2	●	
3	Total Additional Taxes. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 19	3	●	0

PART II Penalties

1	Estimated Tax Penalty (see instructions)	1	●	
2	First-time Second chance Home Buyer Savings Account penalty (from Schedule HBC, Part IV, Line 4)	2	●	
3	Total penalties. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 31	3	●	



Alabama Department of Revenue
Wages, Salaries, Tips, etc.

Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.

NAME(S) AS SHOWN ON TAX RETURN: M BOBBALA & H RAMASAHAYAM PRIMARY'S SOCIAL SECURITY NO. 808-88-4589 SPOUSE'S SOCIAL SECURITY NO. APPLIED FOR

A	B	C	D	E	F	G	H	I	J	
Employee's Social Security Number	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/C-EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages - Other States	
1 • 808-88-4589	• 462823857	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 011054407	• 1,967	• 73,440	• 48,168	•	
2 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
3 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
4 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
5 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
6 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
7 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
8 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
9 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
10 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
11 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
12 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
13 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
14 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
15 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here . . .					• 1,967				
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements.					• 0				
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions.					• 1,967	• 73,440	• 48,168	•	

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE



(Schedule E is on back)

ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULES D AND E

Name(s) as shown on Form 40 M BOBBALA & H RAMASAHAYAM	Your social security number 808-88-4589
--	--

Net Profit or Loss From Sale of Real Estate, Stocks, Bonds, etc.

(a) Kind of Property	(b) Date Acquired	(c) Date Sold	(d) Amount Received	(e) Depreciation Allowable Since Acquisition	(f) Cost or Other Basis	(g) Subsequent Improvements	(h) Net Profit or (Loss) (Cols. d & e less Cols. f & g)
ROBINHOOD CRYPTO LLC	01/01/2021	12/31/2021	698		199		499 00
ROBINHOOD SECURITIES LLC	01/01/2021	12/31/2021	2,050		1,724		326 00
							00
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1 TOTAL NET PROFIT OR (LOSS). Enter here and on Form 40, page 2, Part I, line 3. ▶	1	825 00
---	---	--------

Your first name and initial MEGHANATH REDDY	Last name BOBBALA
If a joint return, spouse's first name and initial HARSHINI	Last name RAMASAHAYAM
Home address (number and street). If a P.O. Box, see instructions. 2200 VAUGHN LAKES BLVD	Apt. no. 3025
City, town or post office, state, and ZIP code MONTGOMERY AL 36117	

Your social security number 8 0 8 : 8 8 : 4 5 8 9
Spouse's soc. sec. no. if joint return P L I : E D : F O R
Telephone number (optional) (814) 384-9875

Part I		
Tax Return Information (Whole dollars only.)	1	Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)
	2	Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)
	3	Total payments (Form 40, line 27 or Form 40NR, line 26)
	4	Refund (Form 40, line 35 or Form 40NR, line 33)
	5	Amount you owe (Form 40, line 30 or Form 40NR, line 29)
		34,872
		1,663
		1,967
		304

Part II Refund and Payment Information

1 Routing number:

1	2	1	0	0	0	3	5	8
---	---	---	---	---	---	---	---	---

2 Account number:

3	2	5	0	5	5	4	0	7	8	6	7						
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

3 Type of account: Checking Savings

4 Type of transaction: Direct Deposit Direct Debit

5 Paper Check (Check this box to have your refund issued by a paper check.)

Part III Declaration of Taxpayer
(Sign only after Part I is completed.)

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2021 Alabama individual income tax return. To the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return.

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Sign Here ▶

_____ Your signature	_____ Date	_____ Spouse's signature. If a joint return, BOTH must sign.	_____ Date
-------------------------	---------------	---	---------------

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer
(See instructions.)

I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2021), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the **Alabama Department of Revenue**, as applicable by law. **If I am also the paid preparer, 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.**

ERO's Use Only

ERO's signature ▶	Date 03/11/2022	Check if also paid preparer <input type="checkbox"/>	Preparer's PTIN
Firm's name (or yours if self-employed) and address ▶ GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA	E.I. No. 30-1017196	ZIP Code 30041	

Paid Preparer's Use Only

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.

Preparer's signature ▶	Date 03/11/2022	Check if self-employed <input type="checkbox"/>	Preparer's PTIN P02082703
Firm's name (or yours if self-employed) and address ▶ SIAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA	E.I. No. 30-1017196	ZIP Code 30041	

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

Income Worksheet

2021

Name as Shown on Return M BOBBALA & H RAMASAHAYAM	Social Security Number 808-88-4589
--	---------------------------------------

Wages, Salaries, Tips, Etc for Line 5 of Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
Check this box to exclude income from your Alabama return.

Check this box if you are excluding income and plan to attempt to electronically file your return.

NOTE: Part-year residents may use this worksheet to remove non Alabama source income. Resident and Non-Resident returns may be rejected during electronic filing if you exclude income by marking boxes in the # column.

Payer's name	#	State name	Gross earnings	Alabama wages	Alabama tax withheld
THINK ANALYTIX LLC	<input type="checkbox"/>	AL	48,168.	48,168.	1,967.
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
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	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total			48,168.	48,168.	1,967.

Other Income for Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
Check this box to exclude income from your Alabama return.

Description	#	Total amount	Alabama amount
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Total			

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

Your first name and middle initial: MEGHANATH REDDY
Last name: BOBBALA
Your social security number: 808-88-4589
If joint return, spouse's first name and middle initial: HARSHINI
Last name: RAMASAHAYAM
Spouse's social security number: APPLIED FOR
Home address (number and street): 2200 VAUGHN LAKES BLVD
Apt. no.: 3025
Presidential Election Campaign: [] You [] Spouse
City, town, or post office: MONTGOMERY
State: AL
ZIP code: 36117
Foreign country name:
Foreign province/state/county:
Foreign postal code:

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents). Includes 'Dependents (see instructions):' and 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Includes: 1 Wages, salaries, tips, etc. Attach Form(s) W-2 (73,440); 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss) (825); 8 Other income from Schedule 1, line 10; 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (74,265); 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income (74,265); 12a Standard deduction or itemized deductions (from Schedule A) (25,100); 12b Charitable contributions; 12c Add lines 12a and 12b (25,100); 13 Qualified business income deduction; 14 Add lines 12c and 13 (25,100); 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- (49,165).

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	5,503.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	5,503.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,503.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	5,503.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,183.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,183.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	9,183.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,680.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,680.
Direct deposit? See instructions.	b Routing number 1 2 1 0 0 0 3 5 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 3 2 5 0 5 5 4 0 7 8 6 7		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

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

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (814) 384-9875	Email address REDDYMAGGI6@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/11/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196