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.

Submission Identification Number (SID)

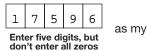
Taxpayer's name	Social security number						
ASHOK KUMAR KAVURU	873-71-7596						
Spouse's name	Spouse's social security number						
PRIYANKA KOTHA	APPLED FOR						
Part I Tax Return Information – Tax Year Ending December 31, 2021 (En	ter year you are authorizing.)						
Enter whole dollars only on 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 77,317.						
2 Total tax	2 5,797.						
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 9,855.						
4 Amount you want refunded to you	· · · · · 4 4,058.						
5 Amount you owe							
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)						

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

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN



ERO firm name signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

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

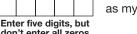
Your signature

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN

Date



don't enter all zeros

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 ►	Da	ate 🕨				 				
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III Certification and Au	thentication – Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-dig	it EFIN followed by your five-digit self-selected PIN.	5	8	 2 Don ³	 	 	9	8	9	

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

ERO's signature 🕨	Date 🕨	
	t Retain This Form — See Instructions s Form to the IRS Unless Requested To Do	So
For Denominarily Deduction Act Nation and vous toy as		Earm 8870 (Bay, 01 2021)

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

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) J rn	202	1	OMB No. 1	545-0074	IRS Use	e Only—	Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single \mathbf{X} Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of y	-	separately (M use. If you ch								
Your first name	and mi	ddle initial	Last nar	ne						,	Your so	cial securi	ty number
ASHOK KI	JMAR		KAVU	RU							873-'	71-759	б
If joint return, s	pouse's	first name and middle initial	Last nar	ne						:	Spouse'	s social se	curity number
PRIYANK	Ą		котн	A							APPLI	ED FOR	
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.					Apt. no.		Preside	ntial Election	on Campaign
8507 TA	PESTI	RY CIR							304		Check h	ere if you,	or your
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	baces bel	ow.	Stat	te	ZIP	ode		•	.	ntly, want \$3
LOUISVI	LLE					ΚY	ζ	40	222			ow will not	Checking a change
Foreign countr	/ name		F	oreign pr	rovince/state/c	ount	y	Fore	ign postal o			or refund.	
												You 🛛	Spouse
At any time du	ring 20	021, did you receive, sell, exchange,	or othe	rwise dis	spose of any	fina	incial intere	est in any	v virtual c	urrend	cy?	Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent		Your spouse	as	a depende	nt			7		
Deduction	<u> </u>	Spouse itemizes on a separate return	n or you	were a	dual-status a	alien							
Age/Blindness	S You:	Were born before January 2, 1	957	Are bl	ind Spo	use	: 🗌 Was	born be	fore Janu	ary 2,	1957	🗌 ls bl	ind
Dependent	s (see	instructions):		(2) S	Social security		(3) Relatio	onship	(4) 🖌	if qua	alifies for	r (see instru	ctions):
If more	(1) Fi	rst name Last name			number		to yo	u		tax cre			her dependents
than four												[
dependents, see instruction	e											[<u> </u>
and check												[
here 🕨 🗌												[
	1	Wages, salaries, tips, etc. Attach F	orm(s) V	V-2 .							1		80,317.
Attach	2a	Tax-exempt interest	2a			b Ta	axable inte	rest			2b		
Sch. B if required.	3a	Qualified dividends	3a			b 0	rdinary div	idends			3b		
	4a	IRA distributions	4a			b Ta	axable amo	ount.			4b		
	5a	Pensions and annuities	5a			b Ta	axable amo	ount.			5b		
Standard	6a	Social security benefits	6a			b Ta	axable amo	ount.			6b		
Deduction for -	7	Capital gain or (loss). Attach Scheo	dule D if	required	d. If not requi	ired,	, check her	e.			7		-3,000.
 Single or Married filing 	8	Other income from Schedule 1, line	ə10.								8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is yo	ur total inco	me				. 🕨	9		77,317.
 Married filing 	10	Adjustments to income from Schee	dule 1, li	ine 26							10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	your ac	ljusted	gross incom	ne				. 🕨	· 11		77,317.
widow(er), \$25,100	12a	Standard deduction or itemized	deducti	ons (fro	m Schedule <i>i</i>	A)		12a	25,	100			
Head of	b	Charitable contributions if you take	the stan	dard de	duction (see i	nstr	uctions)	12b		600			
household, \$18,800	с	Add lines 12a and 12b									120	;	25,700.
 If you checked 	13	Qualified business income deducti	on from	Form 8	995 or Form	899	5-A				13		
any box under Standard	14	Add lines 12c and 13									14		25,700.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from line	e 11. lf z	ero or less, e	ente	r-0				15	!	51,617.

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

Form **1040** (2021)

Form 1040 (2021)			Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	5,797.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,797.
	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	5,797.
	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	5,797.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	с	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	9,855.
If you have a	26	2021 estimated tax payments and amount applied from 2020 return	26	
qualifying child,	27a	Earned income credit (EIC)		
attach Sch. 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 ►		
	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	-	
	30	Recovery rebate credit. See instructions	-	
	31	Amount from Schedule 3, line 15	-	
	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	9,855.
Defined	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,058.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	4,058.
Direct deposit?	►b	Routing number 2 1 3 9 1 8 2 5 ► c Type: X Checking Savings		
See instructions.	►d	Account number 4 2 1 5 5 8 8 7		
	36	Amount of line 34 you want applied to your 2022 estimated tax		
Amount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
You Owe	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee	ins	tructions	below.	X No
		signee's Phone Personal ident		
		ne no. number (PIN)		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic		
Here				nt you an Identity
		5		N, enter it here
Joint return?		DEVOPS ENGINEER (see	e inst.) 🕨	
See instructions. Keep a copy for	Spo			nt your spouse an ection PIN, enter it here
your records.	,		e inst.) 🕨	
	Dh/			
		Done no. (660)528-5094 Email address KAVURUASHOK@GMAIL.COM parer's name Preparer's signature Date PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/07/2022 P0208	22702	Self-employed
Preparer				678)965-9522
Use Only			n's EIN ►	
Go to warne inc. ~			I O LIIN	Form 1040 (2021)
GO LO WWW.IIS.go	JV/FOIT	1040 for instructions and the latest information. BAA REV 03/26/22 PRO		Form 1040 (2021)

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.	
ww.irs.gov/ScheduleD for instructions and the lates	st ir

► Go to w nformation. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

202 1 Attachment Sequence No. 12

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

Department of the Treasury

ASHOK KUMAR KAVURU & PRIYANKA KOTH

Your social security number 873-71-7596

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?	Yes	X No	
f "Ves." attach Form 8040 and see its instructions for additional requirements for reporting	vour gain c	rloco	

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)

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustment	ts	(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, column	Part I,	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	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	ny, from line 8 of y	· ·	-	6	(19,131.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-19,131.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	. ,	11	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions			()	12 13	
14	Long-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		•	-	14	(83.)
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	-83.
For F	Paperwork Reduction Act Notice, see your tax return instruction				Schedu	lle D (Form 1040) 2021

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-19,214.
	• 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?		
	Sector Yes. Go to line 18.		
	□ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the		
	amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see		
	instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:

	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.			
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

REV 03/26/22 PRO

Schedule D (Form 1040) 2021

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.

Internal Revenue Service		See se	parate instruc	tions.						
An IRS individual	taxpayer identification n	umber (ITIN) is fo	or U.S. feder	al tax purposes	only.	Application	type (check one box):			
Before you begin	:					🗙 Appl	y for a new ITIN			
• Don't submit th	is form if you have, or are e	eligible to get, a U.	S. social sec	urity number (SS	SN).	🗌 Rene	ew an existing ITIN			
Reason you're su	ubmitting Form W-7. Read	d the instructions f	for the box y	ou check. Cauti	on: If yo	ou check box	b, c, d, e, f, or g, you			
	ederal tax return with For		-		-					
a 🗌 Nonresident	alien required to get an ITIN t	o claim tax treaty be	enefit							
b 🗌 Nonresident	alien filing a U.S. federal tax r	return					•			
c 🗌 U.S. residen	t alien (based on days prese	nt in the United Sta	tes) filing a U.S	S. federal tax retur	'n					
	of U.S. citizen/resident alien		-			tructions) ►				
e 🛛 Spouse of U	I.S. citizen/resident alien	If d or e, enter nar	me and SSN/IT	IN of U.S. citizen/	resident	alien (see instru	uctions) ►			
		ASHOK KUMA	R KAVURU				873-71-7596			
f 🗌 Nonresident	alien student, professor, or re	esearcher filing a U.S	6. federal tax re	turn or claiming a	n except	ion	•			
g 🗌 Dependent/s	spouse of a nonresident alien	holding a U.S. visa					r			
h 🗌 Other (see ir	nstructions) 🕨									
Additional information	on for a and f : Enter treaty cou	intry 🕨		and treaty ar	ticle num	ber 🕨				
Name	1a First name	Mi	ddle name		Last	name				
(see instructions)	PRIYANKA				KO	ГНА				
Name at birth if different ►	1b First name	Mi	ddle name		Last	name				
Applicant's	2 Street address, apartmer	nt number, or rural ro	oute number. If	you have a P.O.	box, see	separate inst	ructions.			
Mailing	8507 TAPESTRY	CIR Apt 304								
Address	City or town, state or pro	vince, and country. I	nclude ZIP co	de or postal code	•					
	LOUISVILLE			КҮ	USA	J	40222			
Foreign (non-	3 Street address, apartmer	nt number, or rural ro	oute number. D	on't use a P.O. b	ox numb	ber.				
U.S.) Address										
(see instructions)	City or town, state or pro	vince, and country. I	nclude postal	code where appro	priate.					
Birth Information	4 Date of birth (month / day / 07 / 23 / 1997	year) Country of birt	h	City and state or	province	e (optional) 5	☐ MaleX Female			
Other Information	6a Country(ies) of citizenship INDIA	p 6b Foreign tax	I.D. number (if	any) 6c Type	of U.S. v	isa (if any), num	ber, and expiration date			
mormation	6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D.									
	USCIS documentation Other Date of entry into									
						the United St				
	Issued by: INDIA	No.: U615873		o. date: 01/26/		(MM/DD/YY)	Y):			
	6e Have you previously rece		ternal Revenue	e 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). 									
			list on a sheet			e instructions).				
	6f Enter ITIN and/or IRSN ►			IF	RSN		anc			
	name under which it was	s issued ►	rst name	Middle r			Last nome			
					lame		Last name			
	6g Name of college/universi	ty or company (see I	nstructions)							
	City and state			Length o	,					
Sign	Under penalties of perjury, I (documentation and statements,									
Here	information with my acceptance									
	Signature of applicant (i	f delegate, see instru	uctions)	Date (month / day	/ vear)	Phone numbe	r			
Keep a copy for your records.	Signature of applicant (if delegate, see instructions) Date (month / day / year)									
,000100.	Name of delegate, if ap	plicable (type or print	t)	Delegate's relatior	nship 📐	Parent	Court-appointed quardiar			
				to applicant	nship Parent Court-appointed guardiar					
	Signature			Date (month / day / year)			Phone Power of attorney			
Acceptance					- /	Fax				
Agent's	Name and title (type or	print)	Name of co	ompany	EIN		PTIN			
Use ONLY	7				Office code					

REV 03/26/22 PRO



Mag 740

KENTUCKY INDIVIDUAL INCOME TAX RETURN Residents Only

2021

Departme	nt of Revenue									
Check if c	deceased: 🛛 Spouse 🗖 Taxpayer	For calenda	ar year or other	taxabl	le year b	beginning	,	and ending _		
A	. Spouse's Social Security Number	B. Your Social Security N	lumber							
A	PPLED FOR	873-71-7596				2.2.2.4.6.2.				
Name-	Last, First, Middle Initial (Joint or combined	d return, give both names and initial	s.)							Ş
KAVUR	U ASHOK KUMAR KOTHA	PRIYANKA				1967) - FRED-FRED (1967) (1977) - FRED-FRED (1977) - FRED-FRED (1977) - FRED-FRED (1977) - FRED (1977) - FRED FRED (1977) - FRED (1977) - F	47.68	ינו י <i>ווא</i> יינרגאאסינו	ואיייג'ו גאש <mark>מ</mark>	
Mailing	Address (Number and Street including Apa	artment Number or P.O. Box)								
8507	TAPESTRY CIR	304								
City, Tow	n or Post Office	State	ZIP Code							
LOUIS	VILLE	KY 4022	2							
_	STATUS (see instructions)		Check if ap			POLITICAL PARTY				
1 📋 2 🗖	Single <i>Married</i> , filing separately or	n this combined	Copy of	1040)	nclose X, if	Designating \$2 will		ange your re Spouse	fund or tax B. Yours	
	return. (If both had income		applicat	ole.)		Democratic		1)	(4)	
3 🗵	<i>Married</i> , filing joint return. <i>Married</i> , filing separate retu	irns Enter snouse's				Republican No Designation		2) 🚺 3) 🗙	(5) (6))	_ 7
	Social Security number abo						(2
					•	<u> </u>	1			
						Spouse (Use if Status 2 is checked.)			ourself Joint)	
	er amount from federal Form 104		al of							
	umns A and B is \$35,245 or less, illy Size Tax Credit. See instruction			5		00	5		77,317.	00
6 Add	litions from Schedule M, line 6			6		00	6			00
7 Add	l lines 5 and 6			7		00	7		77,317.	00
8 Sub	tractions from Schedule M, line	17		8		00	8			00
9 Sub	tract line 8 from line 7. This is yo	ur Kentucky Adjusted Gross	Income	9		00	9		77,317.	00
10 Item	nizers: Enter itemized deductions	s from Kentucky Schedule A	۱.							
Non	itemizers: Enter \$2,690 in Colun	nns A and/or B		10		00	10		2,690.	00
11 Sub	tract line 10 from line 9. This is y	vour Taxable Income		11		00	11	-	74,627.	00
12 Tax	Computation: Multiply line 11 by !	5% (.05) or amount from Sche	dule J 🗖	12		00	12		3,731.	00
13 Ente	er tax from Form 4972-K 🔲 ; Sch	nedule RC-R 🔲 ;								
Sch	edule DS-R 🔲 ; Angel Investor I	Recapture 🗌		13		00	13			00
14 Add	l lines 12 and 13 and enter total	here		14		00	14		3,731.	00
15 Ente	er amounts from Schedule ITC, S	Section A, lines 26E and 26F		15		00	15			00
16 Sub	tract line 15 from line 14. If line	15 is larger than line 14, ent	er zero	16		00	16		3,731.	00
17 Ente	er personal tax credit amounts fron	n Schedule ITC, Section B		17		00	17			00
18 Sub	tract line 17 from line 16. If line	17 is larger than line 16, ent	ter zero	18		00	18		3,731.	00
19 Add	l tax amount(s) in Columns A an	d B, line 18 and enter here,	continue to p	age 2			19		3,731.	00



FORM 740 (2021)

20	Check the box that represents your total family size (see instructions before completing lines 20 and 21)	20	1 🗌	2 🗙 3 🗌	4 🗌
21	Multiply line 19 by Family Size Tax Credit decimal amount _0.00 (0%) from Schedule ITC	21		0.	00
22	Subtract line 21 from line 19	22		3,731.	00
23	Enter the Education Tuition Tax Credit from Form 8863-K, line 17	23			00
24	Enter Child and Dependent Care Credit from Form 2441-K, line 12	24			00
25	RESERVED	25			
26	Income Tax Liability. Subtract lines 23 through 25 from line 22. If zero or less, enter zero	26		3,731.	00
27	Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions)	27			00
28	Add lines 26 and 27. This is your TOTAL TAX LIABILITY	28		3,731.	. 00
29	For amended return; overpayment, if any, shown on original return	29			00
30	Add lines 28 and 29, enter here	30		3,731.	00
31	Schedule KW-2 31a 3,877.00				
	b Enter 2021 Kentucky estimated tax/extension payments 31b 00				
	c Enter 2021 refundable certified rehabilitation credit 31c 00				
	d For amended return; enter amount paid with original return plus additional payment(s) made after it was filed				_
32	Add lines 31(a) through 31(d)	32		3,877.	. 00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter ADDITIONAL TAX DUE	33			00
34	a Estimated tax penalty Check if Form 2210-K attached				
	b Interest				
	c Late payment penalty 34c 00				
	d Late filing penalty				
35	Add lines 34(a) through 34(d). Enter here	35			00
36	If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35.				
	This is the AMOUNT YOU OWE, continue to page 3	36			00
37	If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the AMOUNT YOU OVERPAID,				1
	continue to page 3	37		146.	00

1555

REV 03/22/22 PRO



FORM 740 (2021)

40 Amount of line 37 to be CREDITED TO YOUR 2022 ESTIMATED TAX CREDIT FORWARD 40 0 (Credit forwards not available for amended returns)								
a And the original formation of the terms b Child Victims' Trust Fund	38	FU	ND CONTRIBUTIONS; see instructions.					
c Veterans' Program Trust Fund 38c 00 d Breast Cancer Research/Education Trust Fund 38d 00 e Farms to Food Banks Trust Fund 38e 00 f Local History Trust Fund 38f 00 g Special Olympics Kentucky 38g 00 g Special Olympics Kentucky 38h 00 i Rape Crisis Center Trust Fund 38i 00 j Court Appointed Special AdvocateTrust Fund 38i 00 j Court Appointed Special AdvocateTrust Fund 38k 00 39 Add lines 38(a) through 38(k) 33 0 40 0 0 0 0 (Credit forwards not available for amended returns) 0 0 0		а	Nature and Wildlife Fund	38a	00			
d Breast Cancer Research/Education Trust Fund. 38d 00 e Farms to Food Banks Trust Fund. 38e 00 f Local History Trust Fund. 38f 00 g Special Olympics Kentucky. 38g 00 h Pediatric Cancer Research Trust Fund. 38h 00 i Rape Crisis Center Trust Fund 38i 00 j Court Appointed Special AdvocateTrust Fund. 38i 00 j Court Appointed Special AdvocateTrust Fund. 38i 00 39 Add lines 38(a) through 38(k). 39 0 40 0 0 0 (Credit forwards not available for amended returns) 0 0		b	Child Victims' Trust Fund	38b	00			
e Farms to Food Banks Trust Fund		с	Veterans' Program Trust Fund	38c	00			
o rame to roce before out out and the rest of the rest o		d	Breast Cancer Research/Education Trust Fund	38d	00		•	
g Special Olympics Kentucky 38g 00 h Pediatric Cancer Research Trust Fund 38h 00 i Rape Crisis Center Trust Fund 38i 00 j Court Appointed Special Advocate Trust Fund 38i 00 j Court Appointed Special Advocate Trust Fund 38i 00 j Court Appointed Special Advocate Trust Fund 38i 00 39 Add lines 38(a) through 38(k) 39 0 40 0 0 0 (Credit forwards not available for amended returns) 0 0		е	Farms to Food BanksTrust Fund	38e	00			
h Pediatric Cancer Research Trust Fund i Rape Crisis Center Trust Fund j Court Appointed Special AdvocateTrust Fund asi 00 j Court Appointed Special AdvocateTrust Fund asi 00 38 00 38 00 39 Add lines 38(a) through 38(k) 40 Amount of line 37 to be CREDITED TO YOUR 2022 ESTIMATED TAX CREDIT FORWARD 40 40 0		f	Local HistoryTrust Fund	38f	00			
i Rape Crisis Center Trust Fund j Court Appointed Special Advocate Trust Fund		g	Special Olympics Kentucky	38g	00			
j Court Appointed Special AdvocateTrust Fund j Court Appointed Special AdvocateTrust Fund 38i 00 38i 00 39 Add lines 38(a) through 38(k) 40 Amount of line 37 to be CREDITED TO YOUR 2022 ESTIMATED TAX (Credit forwards not available for amended returns)		h	Pediatric Cancer Research Trust Fund	38h	00			
k YMCA Youth Association Fund		i	Rape Crisis CenterTrust Fund	38i	00			
39 Add lines 38(a) through 38(k) 39 0 40 Amount of line 37 to be CREDITED TO YOUR 2022 ESTIMATED TAX CREDIT FORWARD 40 0 (Credit forwards not available for amended returns) ESTIMATED TAX CREDIT FORWARD 1110		j	Court Appointed Special AdvocateTrust Fund	38j	00			
40 Amount of line 37 to be CREDITED TO YOUR 2022 ESTIMATED TAX CREDIT FORWARD 40 0 (Credit forwards not available for amended returns)		k	YMCA Youth Association Fund	38k	00			
(Credit forwards not available for amended returns)	39	Ad	d lines 38(a) through 38(k)			39		00
	40	Am	ount of line 37 to be CREDITED TO YOUR 2022 ESTIMATED TAX		CREDIT FORWARD	40		00
41 Subtract lines 39 and 40 from line 37. Amount to be REFUNDED TO YOU REFUND 41 146. ((Cr	edit forwards not available for amended returns)					
	41	Su	otract lines 39 and 40 from line 37. Amount to be REFUNDED TO YOU		REFUND	41	146.	00

I, the undersigned, declare under penalties of perjury that I have examined	ined this return, including all accompanying schedules and statements,
and to the best of my knowledge and belief, it is true, correct and com	plete. I also understand and agree that our election to file a combined
return under the provisions of Regulation 103 KAR 17:020 will result in	refunds being made payable to us jointly and in each of us being jointly
and severally liable for all taxes accruing under this return.	

Sign	Signature of Taxpayer	Driver's License/State Issued ID No. K19-199-470				Telephone Number (daytime) (660)528-5094		
Here	Signature of Spouse	Driver's License/State Issued ID No.		Date				
	Signature of Preparer SYAM PRIYA RAM SAGAR GUPTA T.		Date 04/07/2022					
Paid Preparer Use	Name of Preparer or Firm GLOBAL TAXES LLC		ID Number P02082703					
036	Email syam@gtaxfile.com	Telephone No. (678)965-9522		May the	ay the DOR discuss this return with this preparer?			
Enclose	Include a complete copy of federal Form 1040 received farm, business, or rental income or required, check here.		Refu or N Payr		Kentucky Der Frankfort, KY	partment of Revenue 40618-0006		
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: revenue.ky.gov Include: Your Social Security number and "KY IncomeTax—2021"			n nent	Kentucky Der Frankfort, KY	partment of Revenue 40619-0008		
	1555					PEV 03/22/22 PPO		

1555

210040 42A740 (10-21)



2 1 0 3 4 9 1 5 5

KENTUCKY INDIVIDUAL TAX CREDIT SCHEDULE Enclose with Form 740 or 740-NP

>

2021

Enter name(s) as shown on tax return.

SCHEDULE

KAVURU, ASHOK KUMAR & KOTHA, PRIYANKA

SECTION A-BUSINESS INCENTIVES AND OTHER TAX CREDITS

Your Social Security Number

873-71-7596

Α В С D Е F Preapproval Credit Required Required Name Attachment Spouse Yourself 1 No Nonrefundable Limited Liability Entity Kentucky Limited Liability Entity Tax Credit Worksheet C/Schedule K-1 00 00 00 2 Yes Kentucky Small Business Schedule K-1 00 3 Yes Kentucky Selling Farmers Schedule K-1 00 00 00 4 00 Yes Skills Training Investment Schedule K-1 5 Yes 00 00 **Certified Rehabilitation Certification Copies** 6 No Tax Paid to Another State Copy(ies) of Other State(s) return or Worksheet A 00 00 7 00 Schedule UTC 00 No Unemployment 8 Schedule RC 00 00 Yes **Recycling/Composting Equipment** 9 Yes Kentucky Investment Fund **KEDFA** notification 00 00 10 **Qualified Research Facility** Schedule QR 00 00 No 11 Form DAEL-31 00 No **GED** Incentive 00 Schedule VERB 00 12 Yes Voluntary Environmental Remediation 00 13 Yes **Biodiesel** Schedule BIO 00 00 14 Yes **Clean Coal Incentive** Schedule CCI 00 00 Yes Schedule ETH 00 15 Ethanol 00 16 Yes **Cellulosic Ethanol** Schedule CELL 00 00 17 00 No **Railroad Maintenance & Improvement** Schedule RR-I 00 00 00 18 Yes **Endow Kentucky** Schedule ENDOW 19 Yes New Markets Development Program Form 8874(K)-A 00 00 20 No Food Donation (Carryover only) Schedule FD 00 00 21 No **Distilled Spirits** Schedule DS 00 00 00 22 Yes Angel Investor **Certification Letter** 00 23 Yes Film Industry Film Office Certification 00 00 24 No Inventory Schedule INV 00 00 25 Yes **Renewable Chemical Production** Schedule CHEM 00 00 26 Total of Other Tax Credits (add lines 1 through 25). Enter here and on Form 740,

1555

page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15

00

00



Ω 3 5 0 1 5

SECTION B-PERSONAL TAX CREDITS

Taxpayer

Spouse

Complete only if filing joint or married, filing separately on a combined return

Enter your date of birth (MM/DD/YYYY) 10/3		31/	1991	Enter your date of birth (MM/DD/YYYY)	07/23/1997				
1	If you were 65 on or before 12/31/2021, e	nter 40	1		5 If you were 65 on or before 12/31/2021,	enter 40 5			
2	If you were legally blind on 12/31/2021, e	nter 40	2		6 If you were legally blind on 12/31/2021,	enter 40 6			
3	If you were a member of the Kentucky Na	ational			7 If you were a member of the Kentucky I	National			
	Guard on 12/31/2021, enter 20		3		Guard on 12/31/2021, enter 20				
4	AllowableTaxpayer Credit—Add lines 1 through 3 4				8 Allowable Spouse Credit—Add lines 5 t	hrough 7 8			
As	Assignment of Personal Tax Credits								
9	• For filing status Single or Married, filing separate returns, enter the amount from line 4 here and in Column B								
	of Form 740, line 17 or Form 740-NP, line	17 (Not to e	xcee	ed 100)		. 9			
10	For filing status Married, filing separately	on this cor	nbin	ed return, er	nter the amount from line 4				
	here and in column B of Form 740, line 1	7 (Not to exe	ceed	100)		. 10			
11	For filing status Married, filing separately	on this cor	nbin	ed return, er	nter the amount from line 8				
	here and in column A of Form 740, line 1	7. (Not to ex	ceed	l 100)		. 11			
12	For filing status Married, filing jointly, ad	d line 4 and	line	8 and enter	here and in Column B of Form 740,				
	. 12								

SECTION C-FAMILY SIZE TAX CREDIT

Enter dependents qualifying for family size credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage.

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit

Use this Family Size Tax Credit Table to determine the percentage of family size credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21.

Family Size		One		Two	1	Three	Four	Credit	
If MGI	is over	is not over	Percentage is						
_	\$	\$ 12,880	\$	\$17,420	\$	\$21,960	\$	\$26,500	100
Ń	12,880	13,395	17,420	18,117	21,960	22,838	26,500	27,560	90
6	13,395	13,910	18,117	18,814	22,838	23,717	27,560	28,620	80
Ň	13,910	14,426	18,814	19,510	23,717	24,595	28,620	29,680	70
<u> </u>	14,426	14,941	19,510	20,207	24,595	25,474	29,680	30,740	60
a	14,941	15,456	20,207	20,904	25,474	26,352	30,740	31,800	50
Ū,	15,456	15,971	20,904	21,601	26,352	27,230	31,800	32,860	40
	15,971	16,358	21,601	22,123	27,230	27,889	32,860	33,655	30
	16,358	16,744	22,123	22,646	27,889	28,548	33,655	34,450	20
J.	16,744	17,130	22,646	23,169	28,548	29,207	34,450	35,245	10
	17,130		23,169		29,207		35,245		0

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your Family Size Tax Credit.







KENTUCKY INCOMETAX WITHHELD

2021

► Enclose with Form 740, 740-NP or 740-NP-R

Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

KAVURU, ASHOK KUMAR & KOTHA, PRIYANKA

APPLED FOR

873-71-7596

Part I-Form W-2 Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

ſ	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C State	D Employer's State I.D. Number	E KY State Wages (Box 16 of	F KY Income Tax Withheld	
L				(Box 15 of Form W-2)	(Box 16 of Form W-2)	(Box 17 of Form W-2)	
1	873-71-7596	13-3696170	KY	226634	2,888.0	0 140.	00
2	873-71-7596	56-2228076	KY	000960868	77,429.0	0 3,737.	00
3					0	0	00
4					0	0	00
5					0	0	00
6					0	0	00
7					0	0	00
8					0	0	00
9					0	0	00
10					0	0	00
11	TOTAL FROM ALL W-2s				80,317.0	0 3,877.	00

Part II-Form 1099 and W-2G Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

	A Recipient's Social Security Number	B Payer's Identification Number (EIN)	C State	D Payer's State I.D. Number	E KY Income Amount	F KY Income Tax Withheld		
12					00	00		
13					00	00		
14					00	00		
15					00	00		
16					00	00		
17	TOTAL FROM ALL 1099s AND W2-Gs				00	00		
F	Part III–Totals Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky							

Tax Withheld income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1). Enter combined totals from Column F, lines 11 and 17. 00

18



3,877