Form <b>8879</b>
(Rev. January 2021)
Department of the Treesury

#### epartment 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
NIRANJAN REDDY BASIREDDY	352-45-5795
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter	er 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.	
<b>1</b> Adjusted gross income	<b>1</b> 107,431.
<b>2</b> Total tax	<b>2</b> 16,697.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 15,250.
4 Amount you want refunded to you	4
5 Amount you owe	<b>5</b> 1,447.
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 amende my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transit to send my return to the IBS and to receive from the IBS (a) an acknowledgement of receipt or reason for re-	ove are the amounts from the income tax mitter, or electronic return originator (ERO)

return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for re 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

				FBO firm name		Ēr
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	5

5	5	7	9	5	00 001
Ent don	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

to enter or generate my PIN

as my Enter five digits, but don't enter all zeros

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.

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

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

ERO's signature >		Date 🕨	
D	ERO Must Retain This F on't Submit This Form to the I		
For Donorwork Poduction Act Not	ion one your toy return instructions	 REV/ 04/01/22 RRO	Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 04/01/22 PRO

IF you live in	THEN use this address to send in your payment					
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214					
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000					
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501					
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303					

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2021

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

2021

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

(99)

► Write your social security number (SSN) on your check or money order.

# Form 1040-V Payment Voucher

Enter the amount of your payment. 1555

1,447.

REV 04/01/22 PRO

NIRANJAN REDDY BASIREDDY

12701 N. PENNSYLVANIA AVE 272 OKLAHOMA CITY OK 73120

INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KX 40543-7000

E <b>1040</b>	· ·	urtment of the Treasury-Internal Revenue Serv S. Individual Income Tax		<sup>(99)</sup> 20	21	OMB No. 1	545-00	74 IRS Us	e Only	—Do not w	vrite or staple	in this space.
Filing Status				ed filing separat								
Check only one box.	,	u checked the MFS box, enter the r on is a child but not your dependen		your spouse. If	you chec	ked the HO	H or Q	W box, en	ter th	e child's	name if th	ne qualifying
Your first name	and mi	ddle initial	Last na	me						Your so	ocial securi	ty number
NIRANJA	N REI	YDC	BASI	REDDY						352-	45-579	5
If joint return, spouse's first name and middle initial			Last na	me						Spouse	's social se	curity number
		r and street). If you have a P.O. box, see	instructi	ons.				Apt. no.			ential Electi here if you,	ion Campaign
	-	NNSYLVANIA AVE						272			, ,	ntly, want \$3
		ce. If you have a foreign address, also co	omplete s	paces below.		ate		<sup>D</sup> code				Checking a
OKLAHOM	A CI	ГҮ			0	K	./	3120			low will not	•
Foreign countr	y name		1	Foreign province/	state/coun	nty	Fc	reign postal	code	your ta	x or refund	
											Vou	Spouse
At any time du	iring 20	021, did you receive, sell, exchange	, or othe	erwise dispose o	of any fina	ancial intere	st in a	ny virtual o	curre	ncy?	Yes	X No
Standard Deduction		eone can claim:	•		•	s a depende n	nt					
Age/Blindnes		Were born before January 2, 1	_	Are blind	Spouse		born b	efore Janu	Jary 2	2, 1957	🗌 ls b	lind
Dependent	s (see	instructions):		(2) Social se	ecurity	(3) Relatio	nship	(4)	/ if q	ualifies fo	or (see instru	uctions):
If more		rst name Last name		numbe		to you			tax ci			ther dependents
than four									$\square$			$\Box$
dependents,									$\overline{\Box}$			
see instruction and check	s ——								$\overline{\Box}$			$\square$
here									$\overline{\Box}$			
	1	Wages, salaries, tips, etc. Attach I	Form(s)	W-2					<u> </u>	. 1		
Attach	2a		2a		b]	Faxable inter	rest			2b		
Sch. B if	3a	· ·	3a	17.		Ordinary divi				3b	,	73.
required.	4a	IRA distributions	4a			Faxable amo				. 4b	,	
	5a		5a		b1	Faxable amo	ount.			. 5b	,	
Standard	6a	Social security benefits	6a		b 1	Faxable amo	ount .			. 6b	,	
Deduction for –	7	Capital gain or (loss). Attach Sche	dule D if	f required. If not					►	7		17,861.
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin			•					. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>tota</b>	l income	<b>.</b>				▶ 9	1	07,431.
<ul> <li>Married filing</li> </ul>	10	Adjustments to income from Sche	dule 1, l	line 26						. 10	)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted gross i	income	· · · ·				▶ 11	1	07,431.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from Sche	edule A)		12a	12	,55	0.		
Head of	b	Charitable contributions if you take	the star	ndard deduction	(see inst	ructions)	12b					
household, \$18,800	с	Add lines 12a and 12b								. 12	С	12,550.
<ul> <li>If you checked</li> </ul>	13	Qualified business income deduct	ion from	n Form 8995 or	Form 899	95-A				. 13	3	
any box under <i>Standard</i>	14	Add lines 12c and 13								. 14	,	12,550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or	less, ente	er-0				. 15	;	94,881.

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

Form **1040** (2021)

Form 1040 (202	1)								Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	16,697.
	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	16,697.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	16,697.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				. 🕨	24	16,697.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				<b>25a</b> 15	,250.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	,						
	d	Add lines 25a through 25c						25d	15,250.
If you have a	26	2021 estimated tax payment		• •				26	
qualifying child, attach Sch. EIC. [	27a	Earned income credit (EIC)				27a			
		Check here if you were a January 2, 2004, and you							
		taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	с	Prior year (2019) earned inco							
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27a and 28 throug	h 31. These are	your <b>total oth</b>	er payments an	d refundable cred	lits 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments			. 🕨	33	15,250.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	int you <b>overpaid</b>		34	
neiuliu	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	is attached, che	eck here		35a	
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Type:	Checking	Savings		
See instructions.	►d	Account number X X X	X X X X		x x x x x	X X X			
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	1,447.
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS				_
Designee	ins	structions				. 🕨 🗌 Yes. Co	omplete k	elow.	X No
		signee's me ►		Phone			onal identi		
0.			hat I have evening	no. ►			per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Identity
		0							N, enter it here
Joint return?						DEVELOPER		inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an action PIN, enter it here
your records.								inst.) 🕨	
	Ph	one no. (847)610-028	0	Email address		@GMAIL.COM			
		eparer's name	Preparer's signat		111111111111111111111111111111111111111	Date Date	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRTYA	RAM SAGAR	GUPTA TALLAN	1 04/10/2022	P02083	2703	Self-employed
Preparer		m's name  GLOBAL TAX							678)965-9522
Use Only		m's address ► 2530 Pebbl		n Cummin	q GA 30041			's EIN ►	
Go to www.irs.o		n1040 for instructions and the late			BAA	REV 04/01/22 PRO			Form <b>1040</b> (2021)
2.0 .0	0.11				DAY				

## SCHEDULE D

(Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

21

► 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.

20Attachment Sequence No. 12

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

Department of the Treasury

NIRANJAN REDDY BASIREDDY

Your social security number

352-45-5795

Did	/ou dispose of	any invest	:ment(s) in a	a qualified	opportunity	fund durin	g the tax year?	Yes 🗌 Yes	🗡 No	
lf "Y	es," attach Foi	rm 8949 an	id see its in	structions	for additiona	al requirem	ents for report	ing your gair	ו or loss.	

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustment to gain or loss Form(s) 8949, F line 2, column	from Part I,	(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 <b>Box A</b> checked	16,864.	41.			16,823.				
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked									
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked									
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4					
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5					
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	Carryover	6	( )						
7		<ul> <li>Worksheet in the instructions</li> <li>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</li> </ul>								

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> 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 <b>Box D</b> checked	1,452.	414.			1,038.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat			. ,	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions		14	( )		
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	1,038.

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	17,861.
	• If line 16 is a <b>gain,</b> 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains? X Yes. Go to line 18.		
	<b>No.</b> Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>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.</li> </ul>		
	☐ 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	()
	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 04/01/22 PRO

Schedule D (Form 1040) 2021

Form **8949** 

## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

72

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.

10 of Schedule D. Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
NIRANJAN REDDY BASIREDDY	352-45-5795

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

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

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

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

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

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

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

1 (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e) 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)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(sales price) (see instructions)		(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
E*TRADE SECURITIES LLC	01/01/21	12/31/21	16,486.	0.			16,486.
Robinhood Securities LLC	01/01/21	12/31/21	378.	41.			337.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), <b>li</b>	lude on your 1e 2 (if Box B	16,864.	41.			16,823.

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.

Form 8949 (2021)	Attachment Sequence No. 12A	Page <b>2</b>
Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side NIRANJAN REDDY BASIREDDY

352-45-5795

Before you check Box D, E, or F 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 II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

**(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

- [] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	<b>(c)</b> 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 Column (e) in the separate instructions			(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/20	12/31/21	1,452.	414.			1,038.
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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►		1,452.	414.			1,038.	

Note: If you checked Box D 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.

REV 04/01/22 PRO

Mail this coupon, along with payment, to: Oklahoma Tax Commission - PO Box 269027 - Oklahoma City, OK 73126-9027

## Oklahoma Individual Estimated Tax

Tax Year 2022 Worksheet for Individuals See the general instructions for additional filing information.

10743100 1 Estimated total income for tax year (less income exempt by statute) ..... 6350 00 Estimated deductions (Oklahoma standard or itemized)..... 2 3 Exemptions (\$1000 for each exemption)..... 1000 00 735000 4 Total deductions and exemptions (add lines 2 and 3) ..... 10008100 5 Estimated taxable income (subtract line 4 from line 1)..... 481600 6 Estimated Oklahoma tax \*.... 00 7 Estimated Oklahoma income tax credits ..... 481600 8 Estimated Oklahoma income tax liability (subtract line 7 from 6)..... 337100 9 A. Multiply line 8 by 70% ..... 481600 B. Enter the tax liability shown on your previous year's tax return ..... 3371 00 C. Enter the smaller of line 9a or 9b. Estimated amount of withholding..... 395900 10 11 Subtract line 10 from line 9c -588 00 (Note: If zero or less, or if line 8 minus line 10 is less than \$500, stop here. You are not required to make estimated tax payments.) 000 12 Amount to be paid with each coupon (if paid quarterly, 1/4 of line 11) .....

\* The following applies to part-year and nonresident taxpayers who will be filing Form 511-NR. Lines 1 through 5 shall be calculated as if all income were earned in Oklahoma.

- 1) Using the amount from line 5, calculate the tax: this is the base tax and will be prorated for line 6.
- 2) To calculate line 6, first estimate your income from Oklahoma sources. Divide your income from Oklahoma sources by the amount on line 1.
- 3) Multiply this percentage by the base tax and enter the result on line 6. This is your estimated Oklahoma tax liability. Complete the remainder of the worksheet as directed.

**Record of Estimated Tax Payments** 

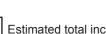
Quarter	Date Paid	Amount
Applied from 2021 Tax		
1		
2		
3		
4		
	Total	

The Oklahoma Tax Commission is not required to give actual notice of change in any state tax law.

After this estimated tax payment is processed, you will receive a pre-printed coupon each quarter. Please use the pre-printed coupon to make further tax payments.

• Do not fold, staple, or paper clip <b>Detach He</b>	ere and Return Coupo	on with Pay	ment • Do not t	tear or cut below line
REV 03/22/22 PRO	vidual Estimated Tax C	oupon		
Mailing Address Change (Enter new mailing address below)				
		Taxpayer SSN	352-45-5795	5
NIRANJAN REDDY BASIREDDY				
Name		Tax Year	2022	
12701 N. PENNSYLVANIA AVE, APT. Address	272	Quarter	1	
OKLAHOMA CITY OK 73120	0	Due Date	04/18/20	022
City State	ZIP	Amount of	Dollars	
		Pavment:	21	15 .

Please remit only one check per coupon.



TE OW-8-ES

Revised 9-202

**Oklahoma Individual Estimated Tax** Tax Year 2022 Worksheet for Individuals

See the general instructions for additional filing information.

1	Estimated total income for tax year (less income exempt by statute)	00
2	Estimated deductions (Oklahoma standard or itemized)	
3	Exemptions (\$1000 for each exemption)	
4	Total deductions and exemptions (add lines 2 and 3)	00
5	Estimated taxable income (subtract line 4 from line 1)	00
6	Estimated Oklahoma tax *	00
7	Estimated Oklahoma income tax credits	00
8	Estimated Oklahoma income tax liability (subtract line 7 from 6)	00
9	A. Multiply line 8 by 70%	
	B. Enter the tax liability shown on your previous year's tax return	
	C. Enter the smaller of line 9a or 9b	00
10	Estimated amount of withholding	00
11	Subtract line 10 from line 9c	00
12	Amount to be paid with each coupon (if paid quarterly, 1/4 of line 11)	00

\* The following applies to part-year and nonresident taxpayers who will be filing Form 511-NR. Lines 1 through 5 shall be calculated as if all income were earned in Oklahoma.

ITE OW-8-ES Revised 9-2021

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- 3) Multiply this percentage by the base tax and enter the result on line 6. This is your estimated Oklahoma tax liability. Complete the remainder of the worksheet as directed.

#### **Record of Estimated Tax Payments**

Quarter	Date Paid	Amount
Applied from 2021 Tax		
1		
2		
3		
4		
	Total	

The Oklahoma Tax Commission is not required to give actual notice of change in any state tax law.

After this estimated tax payment is processed, you will receive a pre-printed coupon each quarter. Please use the pre-printed coupon to make further tax payments.

Do not fold, staple, or pap	er clip Detach Here and Retu	rn Coupon with Paymer	■ Do not tear or cut below line
Mailing Address	Oklahoma Individual Estima	ted Tax Coupon	■詳■ 75540 ■単式:
		Taxpayer SSN	352-45-5795
NIRANJAN REDDY BA	SIREDDY	Tax Year 20	22
<u>12701 N. PENNSYLV</u> Address	VANIA AVE, APT. 272	Quarter	2
OKLAHOMA CITY	OK 73120	Due Date	06/15/2022
City	State ZIP	Amount of Payment	Dollars Cents 215

Please remit only one check per coupon.

Mail this coupon, along with payment, to: Oklahoma Tax Commission - PO Box 269027 - Oklahoma City, OK 73126-9027

Tax Year 2022 Worksheet for Individuals See the general instructions for additional filing information.

00 1 Estimated total income for tax year (less income exempt by statute) ..... 00 2 Estimated deductions (Oklahoma standard or itemized)..... 00 3 Exemptions (\$1000 for each exemption)..... 00 4 Total deductions and exemptions (add lines 2 and 3) ..... 00 5 Estimated taxable income (subtract line 4 from line 1)..... 00 6 Estimated Oklahoma tax \*.... 00 7 Estimated Oklahoma income tax credits ..... 00 8 Estimated Oklahoma income tax liability (subtract line 7 from 6)..... 00 9 A. Multiply line 8 by 70% ..... 00 B. Enter the tax liability shown on your previous year's tax return ..... 00 C. Enter the smaller of line 9a or 9b. 00 10 Estimated amount of withholding..... 00 11 Subtract line 10 from line 9c (Note: If zero or less, or if line 8 minus line 10 is less than \$500, stop here. You are not required to make estimated tax payments.) 00 12 Amount to be paid with each coupon (if paid quarterly, 1/4 of line 11) .....

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**Record of Estimated Tax Payments** 

Quarter	Date Paid	Amount
Applied from 2021 Tax		
1		
2		
3		
4		
	Total	

The Oklahoma Tax Commission is not required to give actual notice of change in any state tax law.

After this estimated tax payment is processed, you will receive a pre-printed coupon each quarter. Please use the pre-printed coupon to make further tax payments.

Do not fold, staple, or pape	r clip Detach Here and R	eturn Coupon with Payr	• Do not tear or cut below lir
Mailing Address	Oklahoma Individual Est	mated Tax Coupon	回新回 25549 回社会:
		Taxpayer SSN	352-45-5795
NIRANJAN REDDY BA	SIREDDY	Tax Year	2022
12701 N. PENNSYLV. Address	ANIA AVE, APT. 272	Quarter	3
OKLAHOMA CITY	OK 73120	Due Date	09/15/2022
City	State ZIP	Amount of Payment:	Dollars Cents

Please remit only one check per coupon.

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Revised	9-2021	

OW-8-

**Oklahoma Individual Estimated Tax** Tax Year 2022 Worksheet for Individuals

See the general instructions for additional filing information.

1	Estimated total income for tax year (less income exempt by statute)	00
2	Estimated deductions (Oklahoma standard or itemized)	
3	Exemptions (\$1000 for each exemption)	
4	Total deductions and exemptions (add lines 2 and 3)	00
5	Estimated taxable income (subtract line 4 from line 1)	00
6	Estimated Oklahoma tax *	00
7	Estimated Oklahoma income tax credits	00
8	Estimated Oklahoma income tax liability (subtract line 7 from 6)	00
9	A. Multiply line 8 by 70%	
	B. Enter the tax liability shown on your previous year's tax return	
	C. Enter the smaller of line 9a or 9b	00
10	Estimated amount of withholding	00
11	Subtract line 10 from line 9c	00
12	Amount to be paid with each coupon (if paid quarterly, 1/4 of line 11)	00

\* The following applies to part-year and nonresident taxpayers who will be filing Form 511-NR. Lines 1 through 5 shall be calculated as if all income were earned in Oklahoma.

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- 3) Multiply this percentage by the base tax and enter the result on line 6. This is your estimated Oklahoma tax liability. Complete the remainder of the worksheet as directed.

### **Record of Estimated Tax Payments**

Quarter	Date Paid	Amount
Applied from 2021 Tax		
1		
2		
3		
4		
	Total	

The Oklahoma Tax Commission is not required to give actual notice of change in any state tax law.

After this estimated tax payment is processed, you will receive a pre-printed coupon each quarter. Please use the pre-printed coupon to make further tax payments.

Do not fold, staple, or paper of	Detach Here and	Return Coupon with Payr	<b>nent</b> • Do not tear or cut below lin
REV 03/22/22 P ITE OW-8-ES C Mailing Address C (Enter new mailing	oklahoma Individual Es	stimated Tax Coupon	■※■ 72%*** ■私法
		Taxpayer SSN	352-45-5795
NIRANJAN REDDY BASI Name	REDDY	Tax Year	2022
12701 N. PENNSYLVAN Address	NIA AVE, APT. 272	Quarter	4
OKLAHOMA CITY	OK 73120	Due Date	01/17/2023
City	State ZIP	Amount of Pavment:	Dollars Cents 215 .

Please remit only one check per coupon.

_		
ı I	Estimated total	inc

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Revised 9-202

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#### Oklahoma Individual Income Tax Declaration for **Electronic Filina** 2021 NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511-NR. Form 511-EF See instructions on Page 2 to determine if you are required to send Form 511-EF to the OTC. Your first name and middle initial Last name Your social 3 5 2 4 5 5 7 9 security number NIRANJAN REDDY BASIREDDY If a joint return, spouse's first name and middle initial Last name Spouse's social security number Mailing address (number and street, including apartment number, rural route or PO Box) Filing status 12701 N. PENNSYLVANIA AVE 272 City, State, ZIP Total number of exemptions OKLAHOMA CITY OK 73120 Part One - Tax Return Information (whole dollars only) Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511-NR, Line 7) ..... 1 107431 00 2 4816 00 3 Oklahoma Income Tax Payments and Credits (511, Line 32 or 511-NR, Line 33)..... 3 3959 00 4 Refund (511, Line 37 or 511-NR, Line 38)..... 00 4 0 5 Balance Due (511, Line 42 or 511-NR, Line 43)..... 5 857 00 For a balance due return with an electronic payment, complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment, enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day. Part Two - Declaration of Taxpaver 6a I consent that my refund be directly deposited as designated in the electronic portion of my 2021 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. 6b I authorize the Oklahoma State 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 Oklahoma taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2021 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically. Sign Here: Spouse's Signature (If joint return, both must sign) Your Signature Date Date Part Three - Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare I have reviewed the above taxpayer's return and the entries on Form 511-EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511-EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511-EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. ERO Use 04/1<u>0/2022</u> Only ERO or Paid Preparer's Signature Date PTIN Paid Preparer 04/10/2022 P02082703 Use Only Paid Preparer Signature PTIN Date Firm name (or yours if self-employed), SYAM PRIYA RAM SAGAR GUPTA TALLAM

address and ZIP 2530 PEBBLE CREEK LN CUMMING GA 30041

	Phone number	(678	) <u>965-9522</u>
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## State of Oklahoma Individual Income Tax Payment Voucher Instructions

#### What is Form 511-V and Do You Have to Use It?

If you have already filed your return, either electronically or by paper, send this voucher with your check or money order for any balance due on your 2021 Form 511 or 511NR. Using Form 511-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 511-V, but there is no penalty if you do not.

#### **Due Date**

Generally, your Oklahoma income tax is due April 15th. However:

- If you electronically file your return and pay electronically, your due date is extended until April 20th. To make a payment online, visit **oktap.tax.ok.gov** and click on the "Make a Payment" link.
- If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely.
- If the due date falls on a weekend or legal holiday when the Oklahoma Tax Commission offices are closed, your payment is due the next business day.

#### How To Prepare Your Payment

- Remit only one check or money order per voucher.
- Make your check or money order payable to the "Oklahoma Tax Commission". Do not send cash.

. . .

• Make sure your name and address appear on your check or money order.

. . .

#### How To Send In Your 2021 Tax Payment, and Form 511-V

• Cut Form 511-V along the dotted line and submit the bottom portion of the Individual Income Tax Payment Voucher.

. .

- Do not staple or otherwise attach your payment to Form 511-V. Instead, just put them loose in the envelope.
- **Do not include a copy of your income tax return.** To use this form, your income tax return (either paper or electronic) should already be filed with the Oklahoma Tax Commission.
- Mail your 2021 tax payment and Form 511-V to:

Oklahoma Tax Commission PO Box 26890 Oklahoma City, OK 73126-0890

• Do not fold, staple, or paper clip <b>Detach F</b>	Here and R	eturn Vo	oucher with Pay	ment •	Do not tear or cut below line
#1555# ITI-I State of Oklahoma Individual Income Tax P	ayment V	/ouche	FORM	11-V 20 21	
Reporting Period 01-01-2021 to 12-31-	2021		(Penalty and interest r is not sent by the due		04-15-2022
Your first name, middle initial and last name <u>NIRANJAN REDDY</u> BASIREDI If joint return, spouse's first name, middle initial and last na			on your return)	2-45-5795	return, enter the SSN shown first oint return)
Mailing address (number and street, including apartment n <u>12701 N PENNSYLVANIA AVE APT 2</u> City, State, ZIP OKLAHOMA CITY		or PO Box)	Daytime phone number (	,	
Oklahoma Tax Commissio PO Box 26890 Oklahoma City, OK 73126	on		Do <u>not</u> enclose Balance Due Amount of Payment	\$	Oklahoma tax return.
	-0000		, another of Fugment	Ψ	857 REV 03/22/22 PRO

2021 Form 511 Resident Income Tax Return 2D Barcode Page

FAILURE TO SUBMIT THIS PAGE WILL DELAY PROCESSING OF YOUR RETURN







Note: This is to be mailed with original return. Please DO NOT attach this sheet when filing the payment voucher, Form 511V.



Head of household with qualifying person

Qualifying widow(er) with dependent child

• Please list the year spouse died in box at right:

4

5

# **Oklahoma Resident Income Tax Return**



Form 511

Enter the TOTAL here:

Note: If you may be claimed as a dependent on another return, enter "0" in the

Add the Totals from boxes (a), (b) and (c).

Total box for your regular exemption.

Age 65 or Older? (Please see instructions)

=

Yourself

1

Spouse

2021

Your	Social Se	curity Number			Spouse (joint retu		I Security Nu				AMENDED RETURN! Place an 'X' in this box if this is an amended 511. See Schedule 511-I.					
	352-45	-5795	Place an 'X' box if this ta is deceased	xpayer			box if this taxpayer this			this is a						
Nam	ne and Ac	ldress - Please Pri	nt or Type													
Your f	irst name		Middle initial	_ast name			If a joint return,	spouse's firs	st name		Middle initi	al Last nar	ne			
NIF	RANJAN	REDDY		BASI	REDDY											
Mailin	g address (n	umber and street, including	g apartment nu	mber, rura	I route or PO Box)	City			S	ate	ZIP or Pos	tal Code	Со	untry		
127	701 N.	PENNSYLVANI	A AVE,	APT.	272	OKLA	AHOMA CI	LTY	(	ЭK	73120	)				
							* Note: If	claiming Sr	pecial Ex	empti	i <b>on</b> , see ins	tructions of	on pa	iqe 9 of 5	11 Pa	cket.
	1 ×	Single							Regul	ar '	* Special	Blind		<u> </u>		
	2	Married filing joint	return (ever	n if only	one had incor	ne)	્ર	Yourself	1					1	(a)	)
Status	3	Married filing sepa	rate				Exemptions	Spouse	0					0	— (b)	)
g Sta		(If spouse is also fi	ling, list nar	ne and	SSN in the box	es	O. Number of dependents				(c)	)				
Filing		Name			SSN		Xe		NU	inner	or deper	idents				
ίΞ							Û	Add the	Totals fr	om bo	oxes (a), (b	) and (c).				

1	Round to Nearest Whole Dollar
1	107431 00
	00.151.00
2	.00
3	107431.00
4b	.00
5	107431.00
6	.00
7	107431.00
8	.00
9	107431.00
	2 3 4b 5 6 7

STOP AND READ: If line 4b is zero, complete lines 10-11. If line 4b is more than zero, see Schedule 511-E and do not complete lines 10-11.

2021 Form 511 - Resident Income Tax Return - Page 2 The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.



	e(s) shown orm 511: NIRANJAN REDDY BASIREDDY	Your Soc Security		: 352-45-5795		
PA	RT TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDI	TS continu	led			
10	Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma sta (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Quali Head of Household: \$9,350)	fying Widow	(er): \$12,		10	6350.00
11	Exemptions: Enter the total number of exemptions claimed on page 1	1	X \$1,000.		11	1000.00
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 517	1-E, line 5)			12	7350.00
13	Oklahoma Taxable Income (line 9 minus line 12)				13	100081.00
14	(a) Oklahoma Income Tax from Tax Table (see pages 28-39 of instructions) or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14		4	816.00	14a	
	(b) If paying the Health Savings Account additional 10% tax, add additional tax and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line If making an Oklahoma installment payment pursuant to IRC Section 965(h) 68 O.S. Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14	e 14. ) and		00	14b	
				.00		
	Oklahoma Income Tax (line 14a plus line 14b)				14	4816.00
STOP	AND READ: If line 7 is equal to or larger than line 1, complete lines 15 and 16. If line 7 is smaller than line	ne 1, complete Scl	hedules 511-	F and 511-G.		
15	Oklahoma child care/child tax credit (see instructions)				15	.00
16	Oklahoma earned income credit (see instructions)				16	.00
17	Credit for taxes paid to another state (provide Form 511TX)				17	.00
18	Form 511CR - Other Credits Form. List 511CR line number claimed here:				18	.00
19	Income Tax (line 14 minus lines 15-18) Do not enter less than zero DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 42.				19	4816.00
D۸	RT THREE: TAX, CREDITS AND PAYMENTS				1	
					]	
20					20	.00
21	(For use tax table, see page 14 of the Packet) If you certify that no use tax is du Balance (add lines 19 and 20)				21	4816.00
22	Oklahoma withholding (provide all W-2s, 1099s or other withholding statements)	22	3	959.00		
23	2021 estimated tax payments (qualified farmer)	23		.00		
24	2021 payment with extension	24		.00		
25	Low Income Property Tax Credit (provide Form 538-H)	25		.00		
26	Sales Tax Relief Credit (provide Form 538-S)	26		.00		
27	Natural Disaster Tax Credit (provide Form 576)	27		.00		
28		28		.00		
29		29		.00		



2021	Form	511	- Resident	Income	Tax Return	- Pane 3
2021	FOILI	511		IIICOIIIE	Iax Reluin	- raye J

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

	Social ity Number: 352-45-5795						
PART THREE: TAX, CREDITS AND PAYMENTS contined							
<ul> <li>30 Payments and credits (add lines 22-29 from page 2)</li> <li>31 Overpayment, if any, as shown on original return and/or prior amended return(s) or</li> </ul>	30 3959.00						
as previously adjusted by Oklahoma (amended return only)	31						
32 Total payments and credits (line 30 minus 31)	32 3959.00						
PART FOUR: REFUND							
33 If line 32 is more than line 21, subtract line 21 from line 32. This is your overpayment	33 0.00						
34 Amount of line 33 to be applied to 2022 estimated tax (original return only)	00						
(For further information regarding estimated tax, see page 5 of the 511 Packet.) 34 Schedule 511-H provides you with the opportunity to make a financial gift from your refund to a variety of Oklaho							
organizations. Please place the line number of the organization from Schedule 511-H in the box below. If you giv more than one organization, put a "99" in the box. Provide Schedule 511-H							
35   Donations from your refund (total from Schedule 511-H)	00						
36       Total deductions from refund (add lines 34 and 35)	36 .00						
37 Amount to be refunded to you (line 33 minus line 36)	37 0.00						
Direct Deposit Note:       Is this refund going to or through an account that is located outside of the United States?       Yes       N         Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit and debit card. See the 511 Packet for direct deposit and debit card information.       Is this refund going to or through an account that is located outside of the United States?       Yes       N       N							
PART FIVE: AMOUNT YOU OWE							
38       If line 21 is more than line 32, subtract line 32 from line 21. This is your tax due	38 857.00						
39 Donation: Public School Classroom Support Fund (original return only)	39 .00						
40       Underpayment of estimated tax interest (annualized installment method	) 40 .00						
41 For delinquent payment add penalty of 5%\$	_						
plus interest of 1.25% per month\$	4100						
42 Total tax, donation, penalty and interest (add lines 38-41)	42 857.00						
Under penalty of periury. I declare the information contained in this document, and all Place an 'X' in this box if the Oklahoma Tax Commission							

# Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief.

may discuss this return with your tax preparer.....

Taxpayer's signature	Date	Spouse's signature	Date	Paid Preparer's signature	Date
				SYAM PRIYA RAM SAGAR GUPTA TALLAM	04/10/2022
Taxpayer's occupation		Spouse's occupation Paid Preparer's address and phone number			<sup>r</sup> (678)965-9522
SOFTWARE DEVELOPER				2530 PEBBLE CREEK L	N
Daytime Phone (optional)		Daytime Phone (optional)		CUMMING G	A 30041
				Paid Preparer's PTIN P02082703	

Do not staple documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800