### **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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										
SACHIN VASHISHTH 817-32-4909										
Spouse's name	Spouse's social security number									
FNU HIMANI	955-96-3183									
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	<b>1</b> 87,192.									
<b>2</b> Total tax	<b>2</b> 6,979.									
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 7,785.									
4 Amount you want refunded to you	<b>4</b> 2,606.									
5 Amount you owe	5									
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	d 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

				ERO firm name	<b>c</b> ,	Ē
X	I authorize	GLOBAL TA	AXES	LLC	to enter or generate my PIN	
			-			1.7

2	4	9	0	9	as						
Enter five digits, but don't enter all zeros											

8 3

1

Enter five digits, but don't enter all zeros

б 3 my

as mv

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 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 signature 🕨	Date I							 		
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method Only										
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7			8 nter a		 9	8 9	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 >								
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So								
		E 9970 (D 01 0001)						

Date

to enter or generate my PIN

Filling Status       Check only       Single X Married filing jointy       Married filing separately (MFS)       Head of household (HOH)       Cualifying widow(er) (QW)         Check only       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 motion of the parsin is a child but not your dependent b       Vour social security number         Tow first name and middle initial       Last name       Your social security number       817-32-4909         Hjoint fetur, spouse's first name and middle initial       Last name       Spouse's social security number       955-96-318.3         FWU       Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       312       Check here If you, or your spouse if first joints (number and street). If you have a foreign address, also complete spaces below.       State       312       Check here If you, or your spouse if and your your spouse as a dependent       Your Spouse if address of your checked mediate for dependent       Your Spouse if address of your checked dependent       Spouse       Yee X No         Standard       Spouse itemizes on a separate return or your apple at status alien       Presign contrip       P	E1040		rtment of the Treasury-Internal Revenue Servi S. Individual Income Tax		<sup>(99)</sup> 202	21	OMB No. 154	5-0074	IRS Use Only	–Do not v	write or sta	aple in th	iis space.
SACHIN       VASHISHTH       817-32-4909         If join return, spouse's first name and middle initial       Last name       Spouse's social security number         FNU       HIMANI       955-96-3183         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.         9415 CHERRY TREE DR       312       Check here if you, or your         GU, town, or post office. If you have a foreign address, also complete spaces below.       State       2// Check here if you, or your         STRONGSVILLE       OH       44136       box below will not chearing a box below will not charing by your tax or refund.         Foreign country name       Foreign province/state/country       Foreign postal code       your tax or refund.         Deduction       Soneone can claim:       You as a dependent       You repouse as a dependent       You or your         Age/Blindness You:       Ware born before January 2, 1957       Are blind       Spouse:       Was bom before January 2, 1957       Is blind         Dependents       Gee instructions):       (I) First name       Last name       Province/state       Child tax credit       Credit for othe dependents         Attach       Sa Onalified div	Check only	lf yo	u checked the MFS box, enter the n	ame of y					· · ·		, ,		
If joint return, spouse's first name and middle initial FNU       Last name HIMANI       Spouse's social security number 955-96-3183         Porte address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Species's fordiantal Election Campaign Ochy, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code         9415       CHERRY TREE DR OH       44136       Check here if you, or your stog to this fund. Checking a your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       You       Spouse your tax or refund.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       You       You       Spouse         Bependents       Gree instructions;       (1) First name       Last name       (2) Social security       (9) 4P of qualifies for cele instructions;         If more than four dependents;       (1) First name       Last name       (2) Social security       (9) 4P of qualifies for cele instructions;       (1) First name       Last name       (2) 4P of qualifies for other dependents;         a Qualified dividends       3a       D       D       D       D       D         Add lines 1, zb, zb, db, Z, and L       Sa       D       D       D       D       D         Bestoritonics;       1 <td>Your first name</td> <td>and mi</td> <td>ddle initial</td> <td>Last na</td> <td>me</td> <td></td> <td></td> <td></td> <td></td> <td>Your se</td> <td>ocial sec</td> <td>urity n</td> <td>umber</td>	Your first name	and mi	ddle initial	Last na	me					Your se	ocial sec	urity n	umber
FNU       HIMANI       955-96-3183         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       312         Ght, hum, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code         Gity, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       to this fund. Checking a box below will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       you is posse of this fund. Checking a box below will not change your tax or refund.         You       Spouse it as infinite as a dependent       You receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as dependent       You receive as a dependent       You receive as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness You:       (4) Ver it qualifies for isee instructions;       (1) Social security       (3) Relationship       (4) Ver it qualifies for isee instructions;         if more than four dependents, see instructions;       (2) Social security       (3) Relationship       (4) Ver it qualifies tor isee instructions;       (4) Social security Chiel tor other dependents         see instructions	SACHIN			VASH	IISHTH					817-	32-4	909	
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       312       Presidential Election Campaign         9415       CHERRY TREE DR       Check here if you, or your       State       DP       DP         City, town, or pot office. If you have a foreign address, also complete spaces below.       State       DP       DP       Check here if you, or your         STRONGSVILLE       Foreign country name       Foreign province/state/county       Foreign postal code       you tax or refund.         You       Spouse       Spouse       Spouse       You spouse       Spouse         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Deduction         Dependents       (see instructions):       (You Per born before January 2, 1957       I is blind         Dependents       (see instructions):       (a) Vir gualifies for (see instructions):       (a) Vir gualifies for (see instructions):       (b) Vir dual tax credit cher dependents         see instructions       and check	If joint return, s	pouse's	first name and middle initial	Last na	me					Spouse	's social	securi	ty number
9415 CHERRY TREE DR     312     Check there if you, or your spouse if filling jointly, want \$3       City, town, or post office. If you have a foreign address, also complete spaces below.     State     QP code     by outs if State       STRONGSVILLE     OH     44136     by out its or refuing jointly, want \$3       Foreign country mame     Foreign province/state/county     Foreign postal code     your its or refuend.       You and the state of the	FNU			HIMA	NI					955-	96-3	183	
City, tow, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       441.36       spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change a box below will not change a box below.       You       Spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change a box below.       You       Spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change a box below.         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness You:       Were born before January 2, 1957       Are bind Spouse:       Was born before January 2, 1957       Is blind         Dependents (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V I qualifies for (see instructions):       Chrid tax credit       Credit for other dependents, see instructions;         if more       (1) First name       Last name       Immed filing, olividends       3a       Immed filing, olividends       3b         and check       2a       Tax-exempt interest       2a       b       Taxable amount       4b       b         Sundard Out       4a a	Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	pt. no.	Preside	ential Ele	ection (	Campaign
Cuty, tom, or post-dince, tryou have a foreign adultess, also complete spaces below.       State       DP       44136       to go to this fund, checking a box below will not change box	9415 CH	ERRY	TREE DR					3	12		,		
STENCINGSVILLE       OH       441.36       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       You       Spouse         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Opendents       (see instructions):       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):         If more       (1) First name       Last name       number       Image: credit or other dependents         dependents, see instructions       Image: credit or other dependents       Image: credit or other dependents       Image: credit or other dependents         see instructions       Image: credit or other dependents       Image: credit or other dependents       Image: credit or other dependents         ad clarified dividends       3a       Qualified dividends       3a       Image: credit or other dependents         see instructions	City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP co	de				
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       Yes       No         Standard Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents (see instructions):       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) If it qualifies for (see instructions):       Child tax credit       Credit for other dependents         tim ore       (1) First name       Last name       number       (3) Relationship       (4) If it qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions       1       Para-exempt interest       2	STRONGS	VILLI	2			OI	H	441	36				0
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four       (1) First name       Last name       number       10 you       Child tax credit       Credit for other dependents         see instructions	Foreign country	y name		F	oreign province/sta	ate/coun	ty	Foreig	n postal code	your ta	x or refu	ind.	0
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions       and check               Attach       2a       Tax-exempt interest       2a       b       b       Datavable interest       2b         3b          required.       a       IIA distributions       4a       b       Taxable amount       5b        5b											Yo	w [	] Spouse
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions       and check               Attach       2a       Tax-exempt interest       2a       b       b       Datavable interest       2b         3b          required.       a       IIA distributions       4a       b       Taxable amount       5b        5b	At any time du	irina 20	21. did vou receive, sell, exchange	. or othe	rwise dispose of	anv fina	ancial interest	in anv	virtual curre	ncv?		es D	≺ No
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       number       (3) Relationship       (4) V if qualifies for (see instructions):       Child tax credit       Credit for other dependents         it more       (1) First name       Last name       number       (3) Relationship       (4) V if qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions       (1) First name       Last name       number       (3) Relationship       (4) V if qualifies for (see instructions):         and check       (1) First name       Last name       (1) Prove       (1) Prove       (1) Prove         Attach       2       2a       b Taxable interest       (2) D       (2) D       (2) D         Attach       2a       2a       b Taxable amount       (4) D       (4) D       (4) D         5a       Qualified dividends       (5a       (5a) D       (5a) D       (5a) D       (5a) D       (5b) D         5a       Pensions and annuities       (5a) D       (5a) D       (5a) D </td <td></td> <td>-</td> <td></td>		-											
Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four dependents, see instructions       KUSHAGRA       VASHISHTH       678-67-7508       Son       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents				•			•						
If more than four dependents, see instructions and check here       Image: task name       number       to you       Child tax credit       Credit for other dependents, see instructions         Attach       Image: task name	Age/Blindness	S You:	Were born before January 2, 1	957	Are blind	Spouse	: 🗌 Was bo	orn befo	re January 2	2, 1957		s blind	
If more	Dependent					urity		hip	., .		1		,
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see instructions       Image: see instructions       Image: see instructions       Image: see instructions         Attach       2a       Image: see instructions       Image: see instructions       Image: see instructions         Attach       2a       Tax-exempt interest       Image: see instructions       <		KUS	HAGRA VASHISHTH	678-67-7508			Son		<u>×</u>				
here       I       Wages, salaries, tips, etc. Attach Form(s) W-2       I       98,892.         Attach       2a       Tax-exempt interest       I       98,892.         Sch. B if       3a       Qualified dividends       I       2b         Sch. B if       3a       Qualified dividends       I       2b         Sch. B if       a       Qualified dividends       I       2b         4a       IRA distributions       I       4a       b       Definition         5a       Pensions and annuities       5a       b       Taxable amount       I         5a       Pensions and annuities       5a       b       Taxable amount       I         5b       6a       Social security benefits       6a       b       Taxable amount       I         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       I       7       Image: Social security benefits       Image: Social security	•	s ——											
Attach       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       98,892.         Attach       2a       b       Tax-exempt interest       2b         Sch. B if       3a       Qualified dividends       3b       2b         Attach       3a       Use of the second se													
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Ordinary dividends       3b         frequired.       4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       6b         Pensions and annuities       6a       b       Taxable amount       6b       7         Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing jointy or       0 ther income from Schedule 1, line 10       8       -11,700.         Standard deduction or itemized deductions (from Schedule 1, line 26       10       10         Married filing jointy or       10       Adjustments to income from Schedule 1, line 26       10         Qualifying widow(ef), \$25,100       12a       Standard deduction or itemized deduction (see instructions)       12a       25,100	here 🕨 📋												
Sch. B if required.       2a       Cave exempt interest       2a       3b       3c	A++  -	1	Wages, salaries, tips, etc. Attach F	eorm(s) ۱-	N-2	• •				. 1	_	98	,892.
required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         * Single or       Gapital gain or (loss). Attach Schedule D if required. If not required, check here       10       7         8       Other income from Schedule 1, line 10       10       8       -11,700.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       87,192.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       80 thract line 10 from line 9. This is your adjusted gross income       11       87,192.         • Married filing jointly or Qualifying widow(er), \$25,100       12a       25,100.       12b       600.         12a       Standard deduct		2a	Tax-exempt interest	2a		bΤ	axable interes	st.		. 21	<b>)</b>		
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       6b         8       Other income from Schedule 1, line 10       6       7       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       87, 192.         10       Adjustments to income from Schedule 1, line 26       10       10         9       Adjustments to income from Schedule 1, line 26       10       10         11       87, 192.       10       11       87, 192.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25, 100.         12a       Standard deduction or itemized deduction (see instructions)       12b       600.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12       25, 700.		3a	Qualified dividends	3a		bC	Ordinary divide	ends .		. 31	<b>)</b>		
Standard Deduction for -       6a       Social security benefits		4a	IRA distributions	4a		b⊺	axable amoui	nt		. 41	<b>)</b>		
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Single or Married filing separately, \$12,550       9       Other income from Schedule 1, line 10       8       -11,700.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       87,192.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       87,192.       10       Subtract line 10 from line 9. This is your adjusted gross income       10         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         12a       Standard deduction or itemized deduction (see instructions)       12b       600.         14       Add lines 12a and 12b       12       25,700.       13         14       25,700.       14       25,700.       14       25,700.         15       Taxable income       14       40       14       25,700.		5a	Pensions and annuities	5a		b⊺	axable amoui	nt		. 51	<b>)</b>		
<ul> <li>Single or Married filing separately, \$12,550</li> <li>Married filing jointy or Qualifying widow(er), \$25,100</li> <li>Head of household, \$18,800</li> <li>Head of household, \$18,800</li> <li>If you checked any box under Standard</li> <li>If you checked</li></ul>		6a	Social security benefits	6a		b⊺	axable amoui	nt		. 61	<b>)</b>		
Married filing separately, \$12,550       8       -11,700.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       87,192.         9       87,192.       9       87,192.         9       87,192.       10         10       11       87,192.         11       87,192.       10         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         12a       Standard deduction or itemized deduction (see instructions)       12b       600.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13a         14       25,700.       14       25,700.         15       Taxable income       14       25,700.		7	Capital gain or (loss). Attach Sche	dule D if	required. If not r	equired	, check here		► L	_ 7			
\$12,550       9       Add lines 1, 25, 30, 40, 55, 60, 7, and 8. This is your total income       9       87,192.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         • Married filing jointly or Qualifying widow(er), \$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       11       87,192.         • Head of household, \$18,800       12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.       12b       600.         • Head of household, \$18,800       •       Add lines 12a and 12b       12b       600.       12c       25,700.         • If you checked any box under Standard       14       Add lines 12c and 13       14       25,700.       13         • Add lines 12c and 13       •       •       •       •       14       25,700.         • If you checked any box under Standard       14       25,700.       13       14       25,700.         • If Add lines 12c and 13       •       •       •       •       •       •       14       25,700.         • If Add lines 12c and 13       •       •       •       •       •       •       15       61       492	Married filing	8	Other income from Schedule 1, lin	ie 10 .						. 8			
jointly or Qualifying widow(er), \$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       1       87,192.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.       12a         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.       12b         600.       b       Charitable contributions if you take the standard deduction (see instructions)       12b       600.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13a         14       25,700.       14       25,700.         15       Taxable income       Subtract line 14 from line 11 lf zero or less enter -0-       15       61		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total i</b>	ncome				▶ 9		87	,192.
Qualifying widow(er), \$25,100       12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100         Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       600         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,700         If you checked any box under Standard       14       25,700       14       25,700         If you checked any box under Standard       15       Taxable income       14 from line 11 if zero or less enter -0-       15       61	1.1.11	10	Adjustments to income from Sche	dule 1, l	ine 26					. 10	)		
\$25,100       12a       Standard deduction of itemized deductions (non-scrieddie A)       12a       2.5,100         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       600         • Head of household, \$18,800       c       Add lines 12a and 12b	Qualifying	11	Subtract line 10 from line 9. This is	s your <b>a</b> o	djusted gross in	come		· ·			I	87	<u>,192.</u>
<ul> <li>Head of household, \$18,800</li> <li>If you checked any box under Standard</li> <li>Add lines 12c and 12b</li> <li>If you checked any box under Standard</li> <li>Add lines 12c and 13</li> <li>If you checked any box under Standard</li> <li>If you checke</li></ul>		12a	Standard deduction or itemized	deducti	i <b>ons</b> (from Sched	ule A)	12	2a	25,10	0.			
\$18,800       C       Add lines 12a and 12b       12c       25,700.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12c and 13       14       25,700.       14       25,700.         Deduction, Deduction,       15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0-       15       61,492		b	Charitable contributions if you take	the standard deduction (see instructions) <b>12b</b> 600.						0.			
any box under Standard       14       Add lines 12c and 13       14       25,700.         Deduction,       15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0-       15       61,492		С								. 12	c	25	<u>,700.</u>
Standard         14         Add lines 12c and 13         14         25,700.           Deduction,         15         Taxable income         Subtract line 14 from line 11. If zero or less enter -0-         15         61.492		13		ion from	Form 8995 or Fo	orm 899	5-A			. 1:	3		
	Standard	14									1		
		15	Taxable income. Subtract line 14	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0									,492.

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

Form **1040** (2021)

Form 1040 (2021	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	6,979.	
	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	6,979.	
	19	Nonrefundable child tax cred	dit or credit for c	other depender	nts from Schedul	e8812		19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,979.	
	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	6,979.	
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				<b>25</b> a 7	,785.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	7,785.	
If you have a	26	2021 estimated tax payment						26		
qualifying child,	27a	Earned income credit (EIC)				27a				
attach Sch. EIC.		Check here if you were b								
		January 2, 2004, and you taxpayers who are at least a	,		_					
	b	Nontaxable combat pay elec	-	1 1						
	c	Prior year (2019) earned inco				-				
	28	Refundable child tax credit or		L	Schedule 8812	<b>28</b> 1	,800.			
	29	American opportunity credit				29	,			
	30	Recovery rebate credit. See				30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27a and 28 throug				-	lits 🕨	32	1,800.	
	33	Add lines 25d, 26, and 32. T						33	9,585.	
	34	If line 33 is more than line 24						34	2,606.	
Refund	35a							35a	2,606.	
Direct deposit?	►b		Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here							
See instructions.	►d	Account number 2 2 3								
	36	Amount of line 34 you want a				36				
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay.	see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another				? See				
Designee		· · · ·	·			. 🕨 🗌 Yes. Co	omplete b	below.	🗙 No	
		signee's		Phone			onal identi			
		me 🕨		no. 🕨			ber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation				it you an Identity	
	. 10	ur signature		Date					N, enter it here	
Joint return?					SENIOR CO	NSULTANT	(see	inst.) 🕨		
See instructions.	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupa	tion			t your spouse an	
Keep a copy for your records.	,					-		tity Prote inst.) ►	ection PIN, enter it here	
,			7	Fue elle elebrare	HOME MAKE			iiiiot.) 🕨		
		one no. (803)457-914 eparer's name	/ Preparer's signat	Email address	SACHIN.VAS	SHU@GMAIL.CC	PTIN		Check if:	
Paid								<u></u>	_	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	1 04/10/2022	P0208		Self-employed	
Use Only		Firm's name       GLOBAL TAXES LLC         Firm's address       2530 Pebble Creek Ln Cumming GA 30041							678)965-9522	
				un Cummin	0		Firm	's EIN ►		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 04/01/22 PRO			Form <b>1040</b> (2021)	

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

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

2021 Attachment Sequence No. 01 r social security number

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security num
SACHIN VASHISHTH & FNU HIMANI	817-32-4909
Part I Additional Income	

Pai	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes	S	1	0.
2a	Alimony received		<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions)	·		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E		5	-11,700.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such			
		8k	-	
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
ο	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
z	Other income. List type and amount ►	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8	040, 1040-SR, or	10	-11,700.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			e 1 (Form 1040) 2021

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	3	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) $\blacktriangleright$			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit <b>24b</b>			
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81 <b>24c</b>			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to section 403(b) plans <b>24g</b>			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1         (Form 1041) <b>24k</b>			
z	Other adjustments. List type and amount ► 24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to in</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 04/01/22 PRO

(Form	1040)	(From	rent	al real estate, roy	alties, partners/	hips, S	corpora	ations, o	estates,	trusts, REN	IICs, etc	s.)   9/	) <b>1</b>
Departm	ent of the Treasury				ch to Form 1040							Attac	chment
	Revenue Service (99)			Go to www.irs.g	ov/ScheduleE f	or inst	ructions	and the	e latest	information		Sequ	uence No. <b>13</b>
Name(s)	shown on return										Your	social securi	ity number
SACH	IN VASHISH											-32-490	
Part				m Rental Real									
				ictions. If you are								-	
A Dic	d you make any	payme	nts ir	n 2021 that woul	d require you to	o file F	orm(s) 1	099? S	ee inst	ructions .		🗆	Yes 🛛 N
B If "	Yes," did you c	or will yo	ou file	e required Form	(s) 1099?							🗆	Yes 🗌 N
<b>1</b> a	Physical addr	ress of e	each	property (street	, city, state, ZIF	o code	e)						
Α	A-25VISHW	ASPAR	K,S	TREET NO1 (	JTTHAM NAGA	AR N	EW DEI	THI I	N 110	059			
В													
С													
1b	Type of Pro		2	For each rental	real estate prop	perty I	isted		Fair	Rental	Perso	onal Use	QJV
	(from list be	elow)		above, report t	he number of fa ays. Check the requirements to	ir rent	al and			Days	D	Days	
Α	3			if you meet the	requirements to	o file a	is a	Α		365		0	
В				qualified joint v	venture. See inst	ructio	ns.	В					
С								С					
Туре	of Property:												
1 Sing	gle Family Resid	dence	3	8 Vacation/Shor	t-Term Rental	5 La	nd		7 Self-	Rental			
	ti-Family Resid	ence	4	Commercial		6 Ro	yalties		8 Othe	er (describe	)		
Incom	-				Properties:			Α		E	3		С
3						3			650.				
4		ived .				4							
Expen	ises:												
5	Advertising .					5							
6	Auto and trave	el (see in	nstru	ctions)		6							
7	Cleaning and I	mainter	nance	ə		7		1,	420.				
8	Commissions.					8							
9	Insurance					9							
10	Legal and othe	er profe	ssior	nal fees		10							
11	Management f	fees .				11		1,	200.				
12	Mortgage inte	rest pai	d to	banks, etc. (see	instructions)	12							
13	Other interest.					13							
14	Repairs					14		2,	850.				
15	Supplies					15		3,	200.				
16	Taxes					16							
17	Utilities					17		3,	680.				
18	Depreciation e	expense	or d	lepletion		18							
19	Other (list) 🕨					19							
20	Total expense	s. Add	lines	5 through 19 .		20		12,	350.				
21	Subtract line 2	20 from	line	3 (rents) and/or	4 (royalties). If								
	result is a (los	s), see i	instru	uctions to find c	out if you must								
	file Form 6198	3				21		-11,	700.				
22	Deductible rer	ntal real	esta	ate loss after lin	nitation, if any,								
	on Form 8582					22	(	11,7	/00.)	(		)(	
23a	Total of all am	ounts re	eport	ted on line 3 for	all rental prope	rties			23a		650	).	
b	Total of all am	ounts re	eport	ted on line 4 for	all royalty prop	erties			23b				
с	Total of all am	ounts re	eport	ted on line 12 fo	r all properties				23c				
d	Total of all am	ounts re	eport	ted on line 18 fo	r all properties				23d				
е	Total of all am	ounts re	eport	ted on line 20 fo	r all properties				23e	1	2,350	).	
24				ounts shown or		<b>t</b> inclu	ide any	losses			. 2	24	
25	Losses. Add ro	oyalty lo	sses	from line 21 and	rental real estate	losse	s from lir	ne 22. E	nter tot	al losses her	re. 🛛	25 (	11,700

# lo lo

**Supplemental Income and Loss** 

_						
С						
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only		Fair Rental Days	Personal Use Days	QJV
Α	3	if you meet the requirements to file as a	Α	365	0	
В		qualified joint venture. See instructions.	В			
С			С			

Exper	1969.						
5	Advertising	5					
6	Auto and travel (see instructions)	6					
7	Cleaning and maintenance	7	1,4	20.			
8	Commissions	8					
9	Insurance	9					
10	Legal and other professional fees	10					
11	Management fees	11	1,2	00.			
12	Mortgage interest paid to banks, etc. (see instructions)	12					
13	Other interest	13					
14	Repairs	14	2,8	50.			
15	Supplies	15	3,2	00.			
16	Taxes	16					
17	Utilities	17	3,6	80.			
18	Depreciation expense or depletion	18					
19	Other (list) ►	19					
20	Total expenses. Add lines 5 through 19	20	12,3	50.			
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If						
	result is a (loss), see instructions to find out if you must		11 0	~ ~			
	file Form 6198	21	-11,7	00.			
22	Deductible rental real estate loss after limitation, if any,				,	,	, , , , , , , , , , , , , , , , , , , ,
	on Form 8582 (see instructions)	22			-	)	()
23a	Total of all amounts reported on line 3 for all rental proper			23a	6	50.	
b	Total of all amounts reported on line 4 for all royalty property			23b			
c	Total of all amounts reported on line 12 for all properties			23c			
d	Total of all amounts reported on line 18 for all properties			23d	10.0		
e	Total of all amounts reported on line 20 for all properties			23e	12,3		
24	Income. Add positive amounts shown on line 21. Do not					24	
25	Losses. Add royalty losses from line 21 and rental real estate					25	( 11,700.)
26	Total rental real estate and royalty income or (loss).						
	here. If Parts II, III, IV, and line 40 on page 2 do not a						11 700
	Schedule 1 (Form 1040), line 5. Otherwise, include this an	noun	t in the total on li	ne 41	on page 2 .	26	-11,700.

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

4040

Schedule E (Form 1040) 2021

OMB No. 1545-0074

#### SCHEDULE 8812 (Form 1040)

## **Credits for Qualifying Children** and Other Dependents



OMB No. 1545-0074

20 21 Attachment Sequence No. 47

► Attach to Form 1040, 1040-SR, or 1040-NR. Internal Revenue Service (99) Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Department of the Treasury

Name(s	) shown on return	Your so	cial se	curity number
SACH		817-3	32-4	1909
Part	I-A Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	87,192.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555         .         . <b>2b</b>	0.		
с	Enter the amount from line 15 of your Form 4563         .         .         .         .         2c			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	87,192.
<b>4</b> a	Number of qualifying children under age 18 with the required social security number         4a	1.		
b	Number of children included on line 4a who were under age 6 at the end of 2021 4b	1.		
c	Subtract line 4b from line 4a         .         .         .         .         4c	0.		
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0		5	3,600.
6	Number of other dependents, including any qualifying children who are not under age         18 or who do not have the required social security number         6	0.		
	<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside alien. Also, do not include anyone you included on line 4a.	ent		
7	Multiply line 6 by \$500	. 7	7	
8	Add lines 5 and 7		8	3,600.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 \$	. 9	9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter $1,000$ ; if the result is \$1,025, enter \$2,000, etc.	. 1	10	0.
11	Multiply line 10 by 5% (0.05)		1	0.
12	Subtract line 11 from line 8. If zero or less, enter -0	. 1	12	3,600.
13	Check all the boxes that apply to you (or your spouse if married filing jointly).			
	A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United Stat			
	for more than half of 2021	×		
_	<b>B</b> Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 [			
Part				
	on: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.			
14a	Enter the smaller of line 7 or line 12		4a	0.
b	Subtract line 14a from line 12		4b	3,600.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the <b>Credit Limit Worksheet A</b>		4c	0.
d	Enter the smaller of line 14a or line 14c		4d	0.
e	Add lines 14b and 14d		4e	3,600.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) receiv for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see t			
	instructions before entering an amount on this line. If you didn't receive any advance child tax credit payment			
	for 2021, enter -0		4f	1,800.
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse			
	filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	. 14	4g	1,800.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on li 19 of your Form 1040, 1040-SR, or 1040-NR		4h	0.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 your Form 1040, 1040-SR, or 1040-NR	of	4i	1,800.
				,

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 04/01/22 PRO Schedule 8812 (Form 1040) 2021

Schedu	le 8812 (Form 1040) 2021	Page <b>2</b>
Part	I-C Filers Who Do Not Check a Box on Line 13	
Cautio	n: If you checked a box on line 13, do not complete Part I-C.	
15a	Enter the amount from the Credit Limit Worksheet A	15a
b	Enter the smaller of line 12 or line 15a	15b
	Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.	
	1. You are not filing Form 2555.	
	<b>2.</b> Line 4a is more than zero.	
	<b>3.</b> Line 12 is more than line 15a.	
с	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0	15c
d	Add lines 15b and 15c	15d
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received	
	for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments	
	for 2021, enter -0	15e
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if	
	filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other	
	dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	15g
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your	
	Form 1040, 1040-SR, or 1040-NR	15h
Part		
	n: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.	
	n: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child ta	
16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a
b	Number of qualifying children under 18 with the required social security number: $x \$1,400$ .	10
	Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b
17	Enter the smaller of line 16a or line 16b	17
17 18a	Earned income (see instructions)	17
b	Nontaxable combat pay (see instructions)	-
19	Is the amount on line 18a more than \$2,500?	
17	<b>No.</b> Leave line 19 blank and enter -0- on line 20.	
	<b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result <b>19</b>	
20	Multiply the amount on line 19 by $15\%$ (0.15) and enter the result $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$	20
	<b>Next.</b> On line 16b, is the amount \$4,200 or more?	
	<b>No.</b> If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line	
	20 on line 27.	
	<b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.	
	Otherwise, go to line 21.	
Part	II-B Certain Filers Who Have Three or More Qualifying Children	
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,	
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see	
	instructions	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form	-
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . <b>22</b>	
23	Add lines 21 and 22	
24	1040 and	
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27a,	
	and Schedule 3 (Form 1040), line 11.	
	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.	
25	Subtract line 24 from line 23. If zero or less, enter -0	25
26	Enter the <b>larger</b> of line 20 or line 25	26
	Next, enter the smaller of line 17 or line 26 on line 27.	
Part	II-C Additional Child Tax Credit	
27	Enter this amount on line 15c	27
	BAA REV 04/01/22 PRO Sch	edule 8812 (Form 1040) 2021

Schedu	le 8812 (Form 1040) 2021		Page <b>3</b>
Par	Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)		
28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line	30	
	<b>Caution:</b> If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	<ul> <li>Enter the amount shown below for your filing status.</li> <li>Married filing jointly or Qualifying widow(er)—\$60,000</li> <li>Head of household—\$50,000</li> </ul>		
	• All other filing statuses—\$40,000	33	
34	Subtract line 33 from line 3. If zero or less, enter -0	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0 This is your additional tax. If more than zero, enter		
	this amount on Schedule 2 (Form 1040), line 19	40	
			40.40\ 00.04

REV 04/01/22 PRO BAA

Schedule 8812 (Form 1040) 2021

8889 Form Department of the Treasury

Internal Revenue Service

## Health Savings Accounts (HSAs)

OMB No. 1545-0074 2021

Attachment

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

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

Sequence No. 52 Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ► 817-32-4909 Name(s) shown on Form 1040, 1040-SR, or 1040-NR SACHIN VASHISHTH

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

Part			
	and both you and your spouse each have separate HSAs, complete a separate Part I for	each	spouse.
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021.	_	_
	See instructions	Self	only 🗵 Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from		
	January 1, 2022, through April 15, 2022, that were for 2021. <b>Do not</b> include employer contributions,		0
	contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you		
	were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3	7,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853,		7,200.
4	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also		
	include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	7,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage		
-	under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	7,200.
9	Employer contributions made to your HSAs for 2021       9       3,600.         Qualified HSA funding distributions       10	-	
10 11	Qualified HSA funding distributions	11	3,600.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,600.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each have sepa	arate H	ISAs, complete
	a separate Part II for each spouse.		
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess		
	contributions (and the earnings on those excess contributions) included on line 14a that were		
•	withdrawn by the due date of your return. See instructions	14b 14c	
с 15	Qualified medical expenses paid using HSA distributions (see instructions)	140	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this		
10	amount in the total on Schedule 1 (Form 1040), Part I, line 8e.	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional		
	20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that		
	are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form		
Dout	1040), Part II, line 17c	17b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep		
	complete a separate Part III for each spouse.		10/3,
18		18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z,		
01	and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

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

_	<b>B867</b>	Paid Preparer's Due	<b>Diligence Checklist</b>			No. 1545	0074
	Child Tay Credit (CTC) (including the Additional Child Tay Credit (ACTC) and						
(Rev. De	ecember 2021)	Credit for Other Dependents (ODC)), and	Head of Household (HOH) Filing St	atus	Attach	mont	
	nent of the Treasury Revenue Service	<ul> <li>To be completed by preparer and filed with For</li> <li>Go to www.irs.gov/Form8867 for interval</li> </ul>	m 1040, 1040-SR, 1040-NR, 1040-P structions and the latest informati	R, or 1040-SS. ion.		ence No.	70
Тахрауе	er name(s) shown or	return		Taxpayer identi	fication n	umber	
SACI	HIN VASHISH	ITH & FNU HIMANI		817-32-4	909		
Enter pr	reparer's name and I	PTIN					
		I SAGAR GUPTA TALLAM		P0208270	3		
Part		gence Requirements					
		propriate box for the credit(s) and/or HOH filin ned (check all that apply).	g status claimed on the return		e the rela		НОН
1		lete the return based on information for the a obtained by you? (See instructions if relying or		he taxpayer	Yes X	No	N/A
2	worksheets fo 1040) instruct worksheet(s) t	claimed on the return, did you complete th und in the Form 1040, 1040-SR, 1040-NR, 10 ons, and/or the AOTC worksheet found in hat provides the same information, and all re	040-PR, 1040-SS, or Schedule the Form 8863 instructions, c	8812 (Form or your own			
	claimed?				×		
3	the following.	v the knowledge requirement? To meet the kr					
	determine th	taxpayer, ask questions, and contemporanec at the taxpayer is eligible to claim the credit(s)	and/or HOH filing status.				
		mation to determine that the taxpayer is eligination of any credit(s)	ble to claim the credit(s) and/o	r HOH filing	×		
4	information rea	nation provided by the taxpayer or a third asonably known to you, appear to be incorre ons 4a and 4b. If " <b>No,</b> " go to question 5.) .				X	
а	Did you make	reasonable inquiries to determine the correct,	complete, and consistent inforn	nation? .			
b	you asked, wh	mporaneously document your inquiries? (Do nom you asked, when you asked, the informa d on your preparation of the return.)		e impact the			
5	keep a copy o applicable wor 8867 and any taxpayer that	/ the record retention requirement? To meet a f your documentation referenced in question a ksheet(s), a record of how, when, and from w applicable worksheet(s) was obtained, and a you relied on to determine eligibility for the cr of the credit(s)	tb, a copy of this Form 8867, a hom the information used to p copy of any document(s) prov	copy of any repare Form vided by the	X		
		uments provided by the taxpayer, if any, that y	vou relied on:				
6	credit(s) and/c	e taxpayer whether he/she could provide doc r HOH filing status and the amount(s) of an ed for audit?	y credit(s) claimed on the retu	rn if his/her	×		
7	Did you ask th	e taxpayer if any of these credits were disallow	ved or reduced in a previous yea	ar?	X		
		e disallowed or reduced, go to question 7a					
а		ete the required recertification Form 8862? .					
8	correct Sched	is reporting self-employment income, did youle C (Form 1040)?	u ask questions to prepare a co				
For Pa	perwork Reduct	ion Act Notice, see separate instructions.	REV 04/01/22 PRO		Form <b>886</b>	67 (Rev.	12-2021)

Form 88	367 (Rev. 12-2021)			Page <b>2</b>
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar	X		
	statement to the return?	X		
Part		-	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quature tuition and related expenses for the claimed AOTC?		Yes	No
Part		s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH fili	ng
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instri	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>			
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and taxpayer's eligibility for taxpayer's e			
	If you have not complied with all due diligence requirements, you may have to pay a penalty for e comply related to a claim of an applicable credit or HOH filing status (see instructions for more in the second			
45	Device particulate all of the appropriate on this Form 2007 are to the best of your knowledge, true correspondence	•	Vac	No

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	
	REV 04/01/22 PRO Form 886	57 (Rev.	12-2021)

Do not staple or paper clip. 0098

04 10 22

## 2021 Ohio IT 1040

Individual Income Tax Return Use only black ink/UPPERCASE letters.



21000198 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.			<b>NOL CARRYBACK</b> - Check here and include Schedule IT NOL.							
	payer's SSN (required) 32 4909	✓ If deceased		oouse's SSN (if 955 96		ly) 🗸 li	f deceased	Sc	hool district # 1809	
First name SACHI	N		M.I.	Last name VASHIS	HTH					
Spouse's fir F'NU	st name (if filing jointly)		M.I.	Last name HIMANI						
	e 1 (number and street) or CHERRY TREE I									
Address line APT 3	e 2 (apartment number, su 312	ite number, etc.)								
City					State	ZIP code		Ohio county (	first four letters)	
STRON	IGSVILLE				OH	44136		CUYA		
Foreign cou	intry (if the mailing addres	s is outside the U.S.)			Foreign	postal code				
Residen	<b>cy Status</b> – Check only	one for primary			Filing	<u>I Status</u> – (	Check one (	as reported o	on federal income tax	return)
X Reside	ent Part-year resident	Nonresident Indicate state			S	ingle, head o	f househol	d or qualifyin	g widow(er)	
Check only X Reside	one for spouse (if filing joi ent Part-year	ntly) Nonresident			X №	larried filing jo	ointly		Spouse's SSN	
× Reside	resident	Indicate state	, ,		N	larried filing s	eparately			
	rresident Statement				F	ederal extens	sion filers -	check here.		
Spous	e meets the five criteria for	irrebuttable presumpt	ion as n	onresident.		someone can ependent, che		(or your spou	se if filing jointly) as a	а
if negativ	adjusted gross income								87192	00
o 2a. Addition	s – Ohio Schedule of Adju	stments, line 10 ( <b>inc</b>	lude so	chedule)		2a.				00
2b.Deductio	ons – Ohio Schedule of Ac	ljustments, line 39 ( <b>ir</b>	clude	schedule)		2b.				00
	usted gross income (line <sup>,</sup> ve								87192	00
	on amount ( <b>include Sche</b> of exemptions including yo					4.			5700	00
5. Ohio inc	ome tax base (line 3 minu	s line 4; if negative, e	enter ze	ero)		5.			81492	00
6. Taxable	business income – Ohio S	Schedule IT BUS, line	e 13 ( <b>in</b>	clude schedu	le)	6.				00
7. Taxable	nonbusiness income (line	5 minus line 6; if neg	jative, e	enter zero)		7.			81492	00
	III BANARSPALACISA	VERSION AND A	NY NA	BORNAR				MM-DE	D-YY Code	

## 2021 Ohio IT 1040



Individual Income Tax Return

SSN 817 32 4909				21000298 Sequenc	
7a. Amount from line 7 on page 1.			7a.	81492	
8a. Nonbusiness income tax liabilit	ty on line 7a (see instructions fo	or tax tables)	8a	a. 2079	00
8b.Business income tax liability –	Ohio Schedule IT BUS, line 14	(include schedule)	81	).	00
8c. Income tax liability before cred	lits (line 8a plus line 8b)		80	c. 2079	00
9. Ohio nonrefundable credits – C	Dhio Schedule of Credits, line 3	88 (include schedule)		э. О	00
10. Tax liability after nonrefundable	e credits (line 8c minus line 9; if	f negative, enter zero)	10	o. 2079	00
11. Interest penalty on underpayment	ent of estimated tax ( <b>include C</b>	Ohio IT/SD 2210)	1 <sup>,</sup>	Ι.	00
12. Unpaid use tax (see instruction	າຣ)		12	2.	00
13. Total Ohio tax liability before	withholding or estimated paym	nents (add lines 10, 11 and	d 12)13	3. 2079	00
14. Ohio income tax withheld – Scl income statements)				4. 3090	00
15. Estimated and extension paym from last year's return				5.	00
16. Refundable credits – Ohio Sch	edule of Credits, line 44 ( <b>inclu</b>	de schedule)	16	Э.	00
17. <u>Amended return only</u> – amou	int previously paid with original	and/or amended return	17	7.	00
18. Total Ohio tax payments (add	d lines 14, 15, 16 and 17)		18	B. 3090	00
19. <u>Amended return only</u> – overp	ayment previously requested o	on original and/or amende	ed return19	).	00
20. Line 18 minus line 19. Place a "-"	" in the box if negative		20	o. 3090	00
	IAN line 13, skip to line 24. OTI				0.0
21. Tax due (line 13 minus line 20)					00
22. Interest due on late payment of	,			2	00
23. <b>TOTAL AMOUNT DUE</b> (line 2 (if amended return) and make				3.	00
24. Overpayment (line 20 minus lin	าе 13)		24	4. 1011	00
<ul> <li>25. Original return only – portion</li> <li>26. Original return only – portion</li> <li>a. Military Injury Relief</li> </ul>	of line 24 you wish to donate:	xt year's tax liability c. Nature Preserves/Scer		5.	00
00	00	00			
d. Breast/Cervical Cancer	e. Wishes for Sick Children	f. Wildlife Species	Total 26g		00
00	00	00			
27. <b>REFUND</b> (line 24 minus lines 2				7. 1011	00
Sign Here (required): I have rea and belief, the return and all enclosures	ad this return. Under penalties of pe s are true, correct and complete.	rjury, I declare that, to the bes	st of my knowledge	If your refund is \$1.00 or less, no refund will be If you owe \$1.00 or less, no payment is nece	
Primary signature		Phone number (803)	457-9147	NO Payment Included – Mail t Ohio Department of Taxation P.O. Box 2679	:0:
Spouse's signature				Columbus, OH 43270-2679	
	parer to discuss this return with the I			Payment Included – Mail to: Ohio Department of Taxation	
Preparer's printed name <u>SYAM PR</u>	IYA RAM SAGAR GUP	Phone number (678)9	65-9522	P.O. Box 2057 Columbus, OH 43270-2057	
	Preparer's TIN	(PTIN) P 0208270	3	Guumbus, On 43270-2057	



### 2021 Schedule of Ohio Withholding



21350198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 11

#### 817 32 4909

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return**.

#### Part A - Total Withholding

<u>Part B -</u> 1. P/S P	<u>- <b>W-2s</b></u> Box b - EIN 540856778	Box 1 - Wages, tips, other compensation 98892 00	Box 2 - Federal income tax withheld 7785 00
	Box 15 - Employer's Ohio ID number 52068374	Box 16 - Ohio wages, tips, etc. 98892 00	Box 17 - Ohio income tax 3090 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
		\$785485-9559659759557 <b>0</b> 00	







0098
------

Pa	art C -	1099-Rs
1.	P/S	Payer's TIN

Box 15 - Payer's Ohio number

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

#### Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Part E - 1099-NECs 1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Payer's TIN 2. P/S

Box 6 - Payer's Ohio number

#### 2021 Schedule of Ohio Withholding Primary taxpayer's SSN

817 32 4909

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00



21350298

Sequence No. 12

Box 7 -Distribution code distribution Box 14 - Ohio tax withheld

Total

Total

Total

distribution

distribution

00

Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

> Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

Box 7 -

Total distribution

> Box 14 - Ohio tax withheld 00

Distribution code

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 5 - Ohio tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 5 - Ohio tax withheld 00

Schedule of Withholding - page 2 of 2 REV 03/22/22 PRO





### 2021 Ohio Schedule of Dependents Use only black ink/UPPERCASE letters.



21230198

Primary taxpayer's SSN

Sequence No. 9

04 10 22

#### 817 32 4909

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if necessary.

1. Dependent's SSN 678 67 7508	Dependent's date of birth (MM-DD-YYYY) 11 03 2020	Dependent's relationship to you SON
Dependent's first name KUSHAGRA	M.I. Dependent's last name VASHISHTH	
2. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
6. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	





#### Regional Income Tax Agency RITA Individual Income Tax Return 2021 Do not use staples, tape or glue



800.860.7482 TDD: 440.526.5332 ritaohio.com

			Single or Married Filing Separately
955963183			X Joint
Last name			Joint
VASHISHTH			If you have an EXTENSION check here and attach a
Last name			copy: EXTENSION
HIMANI			If this is an AMENDED return, check here: $\Box$
	A	Apt #	In the space provided below, state why you are filing ar
		312	AMENDED return. Attach an explanation if you require
			additional space.
OH 4	44136	б	
Evening phone number			Desidence: Status in DITA Municipalities:
			Residency Status in RITA Municipalities:
	Last name VASHISHTH Last name HIMANI OH	Last name VASHISHTH Last name HIMANI OH 4413	Last name VASHISHTH Last name HIMANI Apt # 312 OH 44136

#### City/Village/Township of Residence - Required

In the boxes below, indicate the physical location of your residence(s) for all of 2021 and up to and including the date you file this return. This may be different from your mailing address. In addition, if you moved during 2021, list the effective date of the move into the city/village/township, city/village/township and address in the appropriate boxes. **Why?** Mailing address does not always correspond to the city/village/township in which you live. This required information determines the appropriate taxing jurisdiction for municipal income tax purposes. If you moved more than once, supply the additional information on a separate sheet.

Effective Date	City/ Village/ Tow nship	Address		
01/01/2021	CLEVELAND	6805 MAYFIELD RD (	CLEVELAND OF	4 44124
07/03/2021	STRONGSVILLE	9415 CHERRY TREE DR S	STRONGSVILLE OF	H 44136
Castion A	•	·		

#### Section A

List all income from W-2 wages and W-2G winnings reported in 2021 and the amount of local/city tax withheld while living in a RITA municipality. In general, unless you moved into or out of a RITA municipality during the year, your taxable wages cannot be less than Medicare wages (Box 5 of your W-2). List all tax withheld for your resident municipality in Column 3 **ONLY** (even if you worked in the municipality where you lived). In Column 4, indicate the name of the municipality in which you physically worked. This may be different from the employer's address shown on the W-2. If you did not work in a city or village enter "None" in Column 4. DO NOT ENTER SCHOOL DISTRICT TAX IN COLUMNS 2 or 3.

		Column 1	Column 2	Column 3	Column 4	Column 5		Column 6	
		W-2/W-2 G Income	Local/City Tax Withheld for	Local/City Tax Withheld for	Workplace/ Winning	Resident Municipality		Wages Earned	Date of winnings
of W-2/W-2G	r Here r glue	(see instructions for qualifying wages)	Workplace/ Winning Municipality	Resident Municipality	Municipality (City or village where you worked)	(City or village where you lived)	From Date MM/DD/YY	Thru Date MM/DD/YY	Date Won MM/DD/YY
	V Order tape or	104142		261	STRONGSVILLE	STRONGSVILLE	070321	123121	
y copy	or Money staples, t	86744		2168	CLEVELAND	CLEVELAND HEIGHTS	010121	070221	
al/Cit	st								
p Loc	d Check o not use								
Paperclip Local/City	and Do r								
Ра					For Full or Part Column 1 Total ont			•	·
То	tals	190886		2429	enter Column 3 To workplace wages	0			•
	$\wedge$				ting an incomplete				
	<u>· ` `</u>	-		-	please use the on	line eFile system	at ritaohio.com	It is easy to us	e, secure and
Ca	ution	I will calculate vou	r taxes immediate	elv.					

Under penalties of perjury, I declare that I have examined this return, and to the best of my know ledge and belief, it is true, correct, and accurately lists all amounts and sources of municipal taxable income I received during the tax year.

May RITA discuss this return with the	preparer shown above	? Yes 🗙 No Preparer Phone #: <u>678 965 95</u>	22
Spouse's Signature if a joint return	Date	Preparer's Signature	ID Number
		2530 PEBBLÈ CREEK ÍN CUMMING GA 30041 3	0-1017196
Your Signature	Date	Preparer's Name (Please Print)	Date
		SYAM PRIYA RAM SAGAR GUPTA TALLAM O	4/10/2022

Filing is mandatory for most residents: see "Filing Requirements" on page 1 of the Instructions for Form 37 exemptions.

and go to Line 7a, You do not need the Credit Rate Worksheet.       9       -346         10       Tax on non-withheld wages from Page 3, Schedule K, Line 34.       10         11       Tax on Schedule J Income from Page 3, Line 33, Column 7.       11       0         12       TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 and 11. If less than zero, enter-0- and file Form 10A (see instructions).       12       0         Refunds: To avoid delays in processing your refund, mail your return to the PO BOX       2021 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the 2021 tax year.       13       12       0         14       Credit carried forward from 2020.       14       15       15       15       15       15       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       17       17       17       17       17       17       17       17       17       17       17       17       17	1 0111 37 (202	·	
For NON       Description       Total self-employment, rental, partnership, and (if applicable)	Section E	3	
W-2/ Schedule income seed Pages 35 barbox setting Section J.       b Total self-employment, rental, partnership, and (if applicable) S-Corp. income as well as any other taxable income from Page 3. Schedule J, Line 29, Column 7. If less than zero, enter -0.       10         2       Total taxable income. Add Lines 1a and 1b.       2       190886         3       Multiply Line 2 by the tax rate of your resident municipality form that xatable. Enter the tax rate of your resident municipality here: 0.02000       3       2083         Withheld taxas show on ether Line after 2-no ether Line after 4-no ether Line after 4-no ether Line after 4-no the db, 5c an 7b.       4       Taxwithheld for all municipality for and tax bottom of this page. Your resident municipality credit rate: 1000 for the smaller of Line 5b.       5         If your readom ether Line after 4-no Line 6b, 5c an 7b.       6       6       6         7       a Taxwithheld for sumunicipality for ether 4-no line 6b, 5c an 7b.       6       6         7       a Taxwithheld for sumunicipality for the tax table. Your resident municipality for the tax table. Your resident municip	For NON		
income see Pages 33 before a solution 7. If less than zero, enter -0.:       10       0         3 Schedule J, Line 29, Column 7. If less than zero, enter -0.:       10       0         3 Multiply Line 2 by the taxable income. Add Lines 1a and 1b.       2       190886         3 Multiply Line 2 by the tax rate of your resident municipality from the tax table.       3       2083         Withheld       4 a Taxwithheld for all municipality of residence traxes withheld for all municipality of residence traxes and/or estimated tax payments.       4a       3         9 Work 2000       5 a Add Lines 4a and 4b.       5a       5a         6 or 7a       C Enter the smaller of Line 5 b.       5c       5b         10 or of the sa or line 5 b.       5c       6       6       6         11 or of the sa or line 5 b.       5c       6       6       6         12 or of a daw titheld for your resident municipality form the tax table.       7a       2429         18 or of a daw titheld for your resident municipality form Resident to a sa or line 5b.       5c       6         19 or of enter estimated tax payments (see instructions).       7a       2429         9 Subtract Line 8 from Line 3.       9       -346       6         10 tax on non-withheld wages from Page 3, Schedule K, Line 34.       10       11       12 00         10 t		<b>b</b> Total self-employment, rental, partnership, and (if applicable)	
See Jeages and provided in the second sec		S-Corp. income as well as any other taxable income from Page	
Total control and the standard of your resident municipality from the tax table. Enter the tax rate of your resident municipality form the tax table. Enter the tax rate of your resident municipality foresidence from Page 1, Section A, Column 2. Do not enter tax standard tax payments.       3       2083         Withheld taxes show on go un V-2. Toms are a Tax withheld form your wages and/or estimated tax payments on this line.       4       3       2083         9       - Add Lines 4a and 4b.       5       5       -       5       -         9       - Add Lines 4a and 4b.       5       -       5       -         6       - Total tentative credit from Credit Rate Worksheet, Column E located at the bottom of this page. Your resident municipality from Page 1, Section A, Column 3. Do not enter estimated tax payments (see instructions).       5       -         7       1       Tax withheld for your resident municipality from Page 1, Section A, Column 3. Do not enter estimated tax payments (see instructions).       7       2       2429         9       -       3       2012       -       8       2429         9       -       3       2021       -       8       2429         9       -       3       2021       -       8       2429         9       -       346       10       10       10       10       10       10       10<			
Section B.       0       Initially Line 2 by the table of your resident municipality here: 0.02001       3       2083         Withheld taxes shown on your W-2 is from Page 1, Section A, Column 2. Do not enter tax at withheld from your wages and/or estimated tax payments.       4       4       5       a       Add Lines 4a and 4b.       5a         If your resident municipality is credit rate: L200       5b       5b       5a       5b       5a         If your resident municipality is credit rate: L200       5b       5a       5a       5a       5a         If your resident function of this page. Your resident municipality is credit rate: L200       5b       5c       5c         If your resident function of this page. Your resident municipality is credit rate: L200       5b       6       6         If your resident function of this page. Your resident municipality from the tax table. Your pathetis (see instructions).	3-5 before		
Withheld       4 a Taxwithheld for all municipalities other than your municipality of residence a from Page 1, Section A, Column 2. Do not enter estimated tax payments.       4 a         Withheld       b Direct payments from Page 3, Schedule K, Line 37. Do not enter tax withheld from your wages and/or estimated tax payments on this line.       4 a         9       a dot Lines 4a and 4b.       5 a         1       C Enter the smaller of Line 5a.       5 b         1       c Enter the smaller of Line 5a.       5 c         1       for the sa Credit       for your resident municipality from Page 1, Section A, Column 3. Do not enter estimated tax payments (see instructions).       7 a         1       a arx withheld for your resident municipality from Page 1, Section A, Column 3. Do not enter estimated tax payments (see instructions).       7 a       24229         1       Tax numbel by your parkenethy-Cong. Number VOUR RESIDENT municipality from Page 1, Section A, Column 3. Do not enter estimated tax payments.       8       24229         9       Subtract Line 8 from Line 3.       9       -346       10         1       Tax on non-withheld mage from Page 3, Schedule K, Line 32. Olum 7.       11       0         1       Tax on Schedule J lacome from Page 3, Schedule K, Line 33. Olum 7.       11       0         1       Tax on Schedule J Income from Page 3, Line 33. Colum 7.       11       0         1			•
Withheld taxes       from Page 1. Section A, Column 2. Do not enter estimated tax payments.       4a         b       Direct payments from Page 3, Schedule K, Line 37. Do not enter tax withheld from your wages and/or estimated tax payments on this line.       4b         5       a Add Lines 4a and 4b.       5a         6       Total tentative credit from Credit Rate Worksheet, Column E located at the bottom of this page. Your resident municipality is credit rate: 1.0000       5b         6       Multiply Line 5c by the credit factor of your resident municipality from the tax table. Your resident municipality from Page 1, Section A, Column 3. Do not enter estimated tax payments (see instructions).       7a       2429         6       Total credits allowable. (Add Lines 6, 7a, and 7b.)       8       8       2429         9       Subtract Line 8 from Line 3.       9       -346         10       Tax on schedule J income from Page 3, Schedule K, Line 34.       10       10         11       Tax on schedule J income from Page 3, Schedule K, Line 34.       10       12       0         12       TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 and 11. If less than zero, enter-0- and file Form 10.04 (see instructions).       12       0         13       2021 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the 2021 tax year.       14       15         14       Gendus in th			3 2083
Instance         b         Direct payments from Page 3. Schedule K, Line 37. Do not enter tax         dut           isome on your W-2 reported on elever don 4 ar 7.a.         b         Direct payments from Page 3. Schedule K, Line 37. Do not enter tax         dut           isome on your W-2 reported on elever don 4 ar 7.a.         c         Add Lines 4a and 4b.         5a           b         Total tentative credit from Credit Rate Worksheet, Column E located at the bottom of this page. Your resident municipality for redit factor. (JS00)         5c           f         Multiply Line 5c by the credit factor of your resident municipality from the taxtable. Your resident municipality from Page 1. Section A, Column 3. Do not enter estimated tax payments (see instructions).         7a         2429           b         Tax an on-withheld for your resident municipality from the credit and by our partempio <sup>-</sup> Con, huttor by OUR RESIDENT municipality from Weather Motion Dire 30, Schedule J income from Page 3, Schedule K, Line 34.         10         8         2429           9         Subtract Line 8 from Line 3.         9         -346         10         12         0           11         Tax on schedule J income from Page 3, Schedule K, Line 34.         10         12         0           12         TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 and 11. If less than zero, enter-0- and file Form 10A (see instructions).         12         0           13         2021 Estimated Tax Payme			
shown on gour W-2 forms are reported on either Line 4 or 7.a.       - withheld from your wages and/or estimated tax payments on this line.       4b         5 a       Add Lines 4a and 4b.       5a         b       Total tentative credit from Credit Rate Worksheet, Column E located at the bottom of this page. Your resident municipality's credit rate: 10001.       5b         1f your resident clivibility       Column 3. Do not enter estimated tax payments (see instructions).       5c         7       a Tax withheld for your resident municipality from Page 1, Section A, Column 3. Do not enter estimated tax payments (see instructions).       7a       2429         b       Total credits allowable. (Add Lines 6, 7a, and 7b.)       8       2429         9       Subtract Line 8 from Line 3.       9       -346         10       Tax on non-withheld wages from Page 3, Schedule K, Line 34.       10       8         11       Tax on Schedule J Income from Page 3, Schedule K, Line 34.       10       12         12       Total credits allowable. (Add Lines 6 for the rate worksheet.       11       Tax on Schedule J Income from Page 3, Schedule K, Line 34.       10         12       Tax on Schedule J Income from 10A (see instructions).       12       0         13       2021 Estimated Tax Payments made to RTA.       11       18         14       Credit carried forward from 2020.       14			
your W-2 toms are reported on ethor Line 4 ar 7.a.       5       a Add Lines 4a and 4b.       5a         ib Total tentative credit from Credit Rate Worksheet, Column E located at the bottom of this page. Your resident municipality's credit rate: 10000       5b         if your resident city/lige has a Credit Rate of 0%; enter -0 on Line 5b, 5c and go to Line 7a, 5c di Line 7a . Not complete the Credit sallowable. (Add Lines 6, 7a, and 7b.)       6         if your resident for on Line 5b, 5c and go to Line 7a, 5c di Line 7a.       7a       2429         if a Tax withheld for your resident municipality form the taxtable. Your resident municipality form Page 1, Section A, Column 3. Do not enter estimated tax payments (see instructions).       7a       2429         iile 7a . (Line 7a. You do not need the complete the Credit Rate of 0%; each Line 7a.       9       -346       9       -346         iile 7a . (Line 7a. You do not need the Credit Rate of 0%; each complete the Credit Credit Rate Na De Stot Na De Credit Rate of 0%; each			
imported on either Line 4 a or 7a.       b       Total tentative credit from Credit Rate Worksheet, Column E located at the bottom of this page. Your resident municipality's credit rate: 1000       5b         If your resident the bar down bar down the tax table.       C       Enter the smaller of Line 5a or Line 5b.       5c         6       Multiply Line 5c by the credit factor of your resident municipality's credit factor: 1,0300       6       6         7       7       Tax withheld for your resident municipality from Page 1, Section A, Column 3, Do not enter estimated tax payments (see instructions).       7a       24229         b       Total credits allowable. (Add Lines 6, 7a, and 7b.)       8       24229         9       Subtract Line 8 from Line 3.       9       -3466         10       Tax on non-withheld wages from Page 3, Line 33, Column 7.       10       0         11       Tax on schedule J Income from Page 3, Line 33, Column 7.       11       0         12       TAX DUE RTA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 and 11. If less than zero, enter-0- and file Form 10A (see instructions).       12       0         15       TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and 14.       15         16       Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0       14       17         17       If Line 15 is GREATTER than 12, subtrac			
either Line 4 are 7.8.          bottom of this page. Your resident municipality's credit rate: 10000       5b         If your tryour tryour the tax table.          c Enter the smaller of Line 5a or Line 5b.          5c         If your thy during the tax table.          f Enter the smaller of Line 5a or Line 5b.          5c         If your the tax table.          Your resident municipality's credit factor (0,15000)          6 6         Multiply Line 5c by the credit factor (0,15000)          6 6         Multiply Line 5c by the credit factor (0,15000)          6 6         Multiply Line 5c by the credit factor (0,15000)          6 6         Multiply Line 5c by the credit factor (0,15000)          6 6         Multiply Line 5c by the credit factor (0,15000)          6 8         2429             Bate of 0%, ender 5c orght          Tax withheld for your resident municipality/row montanest R; 7b           8           8             Bate of 0%, the Credit as raread 10% and so to the complete to complete to complete to complete to complete to complete to complete to complete to complete the Credit as and face Tax Payments made to RTA. Do not enter tax withheld from your W-2s. Only include payments made for the 2021 tax year.          12         00             To avoid darcessing your return to the PO BOX and darcessing your return do the 12. If the amount is \$10 or less, enter -0          14         14         Credit carried forward from 2020.          14       <	reported on		
c       Enter the smaller of Line 5a or Line 5b.       5c         If your resident city/illage has a Credit Rate of 0%; enter -0. on Line 5b, 5c and Line 6 and Line 6 and Line 6 and Line 6 and Line 6 and Line 7a.       6       5c         8       Tax withheld for your resident municipality from Page 1, Section A, Column 3. Do not enter estimated tax payments (see instructions).       7a       2429         9       Tax paid by your perimers/ip-Co-putsite YOUR RESIDENT municipality/mem Worksheet RI 7b       7b       8       2429         10       Tax on non-withheld wages from Page 3, Schedule K, Line 34.       10       10       12       2429         11       Tax on Schedule J Income from Page 3, Schedule K, Line 34.       10       10       12       2429         12       TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 and 11. If less than zero, enter-0- and file Form 10A (see instructions).       12       0         13       2021 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the 2021 tax year.       13       15         16       Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0.       16         18       Amount you want credited to your ayout split an overpayment tax withheld for on form tax withheld for no your wages must be applied for no your wages must be applied for no form 10A.       18       19       16 <t< td=""><td></td><td></td><td></td></t<>			
resident citywilage has a Credit Rate of 0%, Ender 0 + 0, Line 5, 5, 5c and Line 6 and ge to Uine 7, a Tax withheld for your resident municipality from Page 1, Section A, Column 3. Do not enter testimated tax payments (see instructions). 7a 2429 b Tax paid by your patnershipts-Corp.trust to YOUR RESIDENT municipality from Worksheet R) 7b 10 Tax on non-withheld wages from Page 3, Schedule K, Line 34. 10 Tax on non-withheld wages from Page 3, Schedule K, Line 34. 10 Tax on schedule J Income from Page 3, Schedule K, Line 34. 10 Tax on Schedule J Income from Page 3, Schedule K, Line 34. 11 Tax on Schedule J Income from Page 3, Schedule K, Line 34. 12 00 11 Tax on Schedule J Income from Page 3, Line 33, Column 7. 12 00 12 TAX DUE RTA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 and 11. If less than zero, enter-0- and file Form 10A (see instructions). 12 00 14 Credit carried forward from 2020. 14 Credit carried forward from 2020. 14 Credit carried forward from 2020. 15 TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and 14. 15 POBOX address 12 11 If Line 15 is GREATER than 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0 16 17 If Line 15 is GREATER than 12, subtract Line 15 from Line 15 and enter OVERPAYMENT. 17 00 18 Amount to be refunded. You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund. 20 a Enter 2022 estimated tax in full (see instructions). Estimates are due 4/15/22, 6/15/22, 9/15/22, and 1/15/23. 20 a b Enter first quarter estimated (1/4 of Line 20a). 21 Subtract Line 18 from Line 20b. 21	44 01 7 4.	c Enter the smaller of Line 5a or Line 5b. 5c	
city/illage has a Credit Rate of 0%; enter -0-on Line 5b, 5c and Line 6 and go to Line 7a, 5b, 5c and Line 7a, 5b, 5c and Line 7a, 5b, 5c and Line 8 and Line 6 and go to Line 7a, 5b, 5c and Line 8 and Li	If your	6 Multiply Line 5c by the credit factor of your resident municipality from	
has a credit - a Tax withheld for your resident municipality from Page 1, Section A, 7a 2429   Pate of 0%; - a Tax withheld for performance estimated tax payments (see instructions). 7a 2429   and go to - a Total credits allowable. (Add Lines 6, 7a, and 7b.) 8 2429   and go to - subtract Line 8 from Line 3. 9346   10 Tax on non-withheld wages from Page 3, Schedule K, Line 34. 10	resident	the tax table. Your resident municipality's credit factor: 0.75000 6	
enter 3-0 on Line 50, 50 and Line 5, 50 and Line 7a, You       b       Tax paid by your pannenship/s-Corp./hust to YOUR RESIDENT municipality(from worksheet R)       7b       8       2429         8       Total credits allowable. (Add Lines 6, 7a, and 7b.)       9      346       9      346         10       Tax on non-withheld wages from Page 3, Schedule K, Line 34.       10			
Line 55, 5c and go to Line 7a, You do not need to complete the Credit Norksheet.       8       Total credits allowable. (Add Lines 6, 7a, and 7b.)       8       2429         9       Subtract Line 8 from Line 3.       9      346         10       Tax on non-withheld wages from Page 3, Schedule K, Line 34.       10       10         11       Tax on Schedule J Income from Page 3, Line 33, Column 7.       11       0         12       TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 and 11. If less than zero, enter-0- and file Form 10A (see instructions).       12       0         13       2021 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the 2021 tax year.       13       12       0         14       Credit carried forward from 2020.       14       15       15       TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and 14.       15         15       TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and 14.       15       16       16         18       Amount you want credited to your 2022 estimated tax.       18       16       16         16       Balance Due. If Line 15 is GREATER than 12, subtract Line 15 and enter OVERPAYMENT.       17       0         19       Amount you want credited to your 2022 estimated tax.       18       19       10       10       19       10			
and Line 6 and go to Line 7a, You do not need to complete the Credit Rate Worksheet.       8       Total credits allowable. (Add Lines 6, 7a, and 7b.)       8       2429         9       Subtract Line 8 from Line 3.       9       -346       9       -346         10       Tax on non-withheld wages from Page 3, Schedule K, Line 34.       10       0       10         11       Tax on Schedule J Income from Page 3, Schedule K, Line 34.       10       0       12         12       TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 and 11. If less than zero, enter-0- and file Form 10A (see instructions).       12       0         13       2021 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the 2021 tax year.       13       2021 tax year.       13         14       Credit carried forward from 2020.       14       15         16       Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0       16         18       Amount you want credited to your 2022 estimated tax.       18       18         19       Amount to be refunded. You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund.       19       20a         20       a Enter 2022 estimated tax in full (see instructions). Estimates are due 4/15/22, 6/15/22, 9/15/22 and 1/			
Line 7a. You       0       Subtract Line 8 from Line 3.       9       -346         do not need to comptete the Credit Rate Worksheet.       10       Tax on non-withheld wages from Page 3, Schedule K, Line 34.       10       10         11       Tax on Schedule J Income from Page 3, Schedule K, Line 34.       10       10       11       0         12       TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 and 11. If less than zero, enter-0- and file Form 10A (see instructions).       12       0         13       2021 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the 2021 tax year.       13       12       0         14       Credit carried forward from 2020.       14       14       15         15       TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and 14.       15         16       Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0       16         17       If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter OVERPAYMENT.       17         18       Amount to be refunded. You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund.       19         20       a       Enter 2022 estimated tax. in full (see instructions). Estimates are due 4/15/22. 6/15/22. 9/15/22 and 1/15/23.       20a <td>and Line 6</td> <td></td> <td>8 2429</td>	and Line 6		8 2429
to complete the Credit Rate       1       Tax on Schedule J Income from Page 3, Line 33, Column 7.       10         Rate Worksheet.       12       TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 and 11. If less than zero, enter-0- and file Form 10A (see instructions).       12       0         Refunds: To avoid delays in processing your refund, maly our withheld from your W-2s. Only include payments made for the 2021 tax year.       13       2021 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the 2021 tax year.       13       2021 tax year.       14       15         900 refund, maly our terber to the PO BOX address listed in the lower right not be refunded. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0       16       16         17       If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter OVERPAYMENT.       17       17         18       Amount you want credited to your 2022 estimated tax.       18       19       19       Amount to be refunded. You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund.       19       20a       20a         10A.       0       a Enter 2022 estimated tax in full (see instructions). Estimates are due 4/15/22, 6/15/22, 9/15/22 and 1/15/23.       20a       20a         10A.       b Enter first quarter estimate (1/4 of Line 20a).       20b       20a       20a		9         Subtract Line 8 from Line 3.         9         -346	
In be Creditt 11 Tax on Schedule J Income from Page 3, Line 33, Column 7. 11 0   Rate 12 TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 and 11. If less than zero, enter-0- and file Form 10A (see instructions). 12 0   Refunds: 13 2021 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the 2021 tax year. 13 2021 Estimated forw your W-2s. Only include payments made for the 2021 tax year. 13   Your refund, mail your refund, mail your form form form Page 8, Line 15, is less than Line 12, subtract Line 15 from Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0 16   17 If Line 15 is GREATER than 12, subtract Line 15 and enter OVERPAYMENT. 17   18 Amount you want credited to your 2022 estimated tax. 18   19 Amount to be refunded. You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund. 19   20 a Enter 2022 estimated tax in full (see instructions). Estimates are due 4/15/22, 6/15/22, 9/15/22 and 1/15/23. 20a   10A. Download from Noat it als from Line 20b. 20b		10Tax on non-withheld wages from Page 3, Schedule K, Line 34.10	
Rate Worksheet.       12       TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 and 11. If less than zero, enter-0- and file Form 10A (see instructions).       12       0         Refunds: To avoid delays in processing your refund, mail your return to the PO BOX address listed in the hand corner of this page.       13       2021 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the 2021 tax year.       13       12       0         14       Credit carried forward from 2020.       14       13       15       15       TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and 14.       15         16       Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0       16       16         17       If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter OVERPAYMENT.       17       0         18       Amount you want credited to your 2022 estimated tax.       18       19       Amount to be refunded. You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund.       19       20a       19         10A. Download Form 10A, trabaho.com       14       15       20a       12       20a         10A. Download trabaho.com       21       21       20       21		11 Tax on Schedule J Income from Page 3, Line 33, Column 7. 11	
Refunds: To avoid delays in processing your refund, mail your return to the PO BOX address listed in the lower right hand corner of this page.       13       2021 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the 2021 tax year.       13         14       Credit carried forward from 2020.       14         15       TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and 14.       15         16       Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0       16         17       If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter OVERPAYMENT.       17         18       Amount you want credited to your 2022 estimated tax.       18         19       Amount to be refunded. You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund.       19       19         20       a Enter 2022 estimated tax in full (see instructions). Estimates are due 4/15/22, 6/15/22, 9/15/22 and 1/15/23.       20a         b       Enter first quarter estimate (1/4 of Line 20a).       20b       21			
Refunds: To avoid delays in processing your refund, mail your return to the PO BOX address listed in the lower right and corner of this page. Refunds of tax withheld from your Wages must be applied for on Form 10A.       ••••••••••••••••••••••••••••••••••••	worksneet.		<b>12</b> 0
To avoid delays in processing your refund, mail your refund, reduct on the PO BOX address listed in the 15       14       Credit carried forward from 2020.       14         16       Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0       16       16         17       If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter OVERPAYMENT.       17       16         18       Amount you want credited to your 2022 estimated tax.       18       19         19       Amount to be refunded. You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund.       19       20a         20       a       Enter 2022 estimated tax in full (see instructions). Estimates are due 4/15/22, 6/15/22, 9/15/22 and 1/15/23.       20a       20a         0       Download Form 10A at ritaohio.com       21       Subtract Line 18 from Line 20b.       21	Refunds:		
processing your return to the PO BOX       14       14         14       Credit carried forward from 2020.       14         15       TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and 14.       15         16       Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0       16         17       If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter OVERPAYMENT.       17         18       Amount you want credited to your 2022 estimated tax.       18         19       Amount to be refunded. You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund.       19         20       a       Enter 2022 estimated tax in full (see instructions). Estimates are due 4/15/22, 6/15/22, 9/15/22 and 1/15/23.       20a         Download Form 10A at ritaohio.com       21       Subtract Line 18 from Line 20b.       21	To avoid		
mail your return to the PO BOX       15       TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and 14.       15         16       Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0       16         17       If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter OVERPAYMENT.       17         18       Amount you want credited to your 2022 estimated tax.       18         19       Amount to be refunded. You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund.       19         20       a       Enter 2022 estimated tax in full (see instructions). Estimates are due 4/15/22, 6/15/22, 9/15/22 and 1/15/23.       20a         b       Enter first quarter estimate (1/4 of Line 20a).       20b       21	processing		
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address listed in the lower right hand corner of this page.       16       Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0       16         17       If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter OVERPAYMENT.       17       0         18       Amount you want credited to your 2022 estimated tax.       18       19         19       Amount to be refunded. You may not split an overpayment be tween a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund.       19       19         20       a       Enter 2022 estimated tax in full (see instructions). Estimates are due 4/15/22, 6/15/22, 9/15/22 and 1/15/23.       20a         b       Enter first quarter estimate (1/4 of Line 20a).       20b       21	return to the		15
Invertight hand corner of this page.       17       If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter OVERPAYMENT.       17       17       0         Refunds of tax withheld from your wages must be applied for on Form 10A.       18       18       18       19       Amount to be <b>refunded</b> . You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund.       19       19         20       a       Enter <b>2022 estimated tax</b> in full (see instructions). Estimates are due 4/15/22, 6/15/22, 9/15/22 and 1/15/23.       20a       20a         b       Enter first quarter estimate (1/4 of Line 20a).       20b       21       21	address		10
18       Amount you want credited to your 2022 estimated tax.       18         19       Amount to be refunded. You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund.       19         20       a       Enter 2022 estimated tax in full (see instructions). Estimates are due 4/15/22, 6/15/22, 9/15/22 and 1/15/23.       20a         Download Form 10A at ritaohio.com       b       Enter first quarter estimate (1/4 of Line 20a).       20b         21       Subtract Line 18 from Line 20b.       21			
Refunds of tax withheld from your wages must be applied for on Form 10A.       10       Amount you want credited to your 2022 estimated tax.       18         19       Amount to be refunded. You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund.       19         20       a       Enter 2022 estimated tax in full (see instructions). Estimates are due 4/15/22, 6/15/22, 9/15/22 and 1/15/23.       20a         Download Form 10A at ritaohio.com       b       Enter first quarter estimate (1/4 of Line 20a).       20b         21       Subtract Line 18 from Line 20b.       21			17 0
tax withheld       19       Amount to be refunded. You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund.       19         20       a       Enter 2022 estimated tax in full (see instructions). Estimates are due 4/15/22, 6/15/22, 9/15/22 and 1/15/23.       20a         Download Form 10A at ritaohio.com       b       Enter first quarter estimate (1/4 of Line 20a).       20b         21       Subtract Line 18 from Line 20b.       21			
wages must be applied for on Form 10A.       refunded. Allow 90 days for your refund.         20 a       Enter 2022 estimated tax in full (see instructions). Estimates are due 4/15/22, 6/15/22, 9/15/22 and 1/15/23.         Download Form 10A at ritaohio.com       b       Enter first quarter estimate (1/4 of Line 20a).         21       Subtract Line 18 from Line 20b.       21			
be applied       20       a       Enter 2022 estimated tax in full (see instructions). Estimates are due 4/15/22, 6/15/22, 9/15/22 and 1/15/23.       20a         Download       b       Enter first quarter estimate (1/4 of Line 20a).       20b         21       Subtract Line 18 from Line 20b.       21			
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Download Form 10A at ritaohio.combEnter first quarter estimate (1/4 of Line 20a).20b21Subtract Line 18 from Line 20b.21	for on Form	20 a Enter 2022 estimated tax in full (see instructions). Estimates are	
Form 10A at ritaohio.comC Enter first quarter estimate (1/4 of Line 20a).20b21Subtract Line 18 from Line 20b.21	1 1	due 4/15/22, 0/15/22, 3/15/22 and 1/15/25.	
22         TOTAL DUE by April 18, 2022. Add Lines 16 and 21.         22	ritaohio.com		
		<b>22 TOTAL DUE</b> by April 18, 2022. Add Lines 16 and 21.	22

Estimated Taxes (Line 20a): If your estimated tax liability is \$200 or more, you are required to make quarterly payments of the anticipated tax due. If your estimated tax payments are not 90% of the tax due or not equal to or greater than your prior year's total tax liability, you may be subject to penalty and interest. You may use the amount on Line 12 as your estimate or use Worksheet 1 in the instructions to calculate your estimate. Note: If Line 20a is left blank, RITA will calculate your estimate. Use Form 32 EST-EXT to pay 6/15/22, 9/15/22 and 1/15/23 estimates.

#### Credit Rate Worksheet (enter each wage separately):

A Wages/Income earned outside of resident municipality	B Credit Rate for resident municipality from tax table	C Maximum credit (multiply Column A by Column B)	D Workplace tax withheld/paid	E Tentative Credit Enter lesser of Columns C or D				
Enter amount fro	Enter amount from WORKSHEET L, Row 17, Column 7							
Total Tentative (	Credit: Enter on	Section B, Line 5t	o, above.					

Mail your return with W-2s and a copy of your federal schedules to: <u>With payment</u> made payable to RITA: Regional Income Tax Agency PO Box 6600 Cleveland, OH 44101-2004 <u>Without payment:</u> Regional Income Tax Agency PO Box 94801 Cleveland, OH 44101-4801 <u>Refund</u> with an **amount on Line 19:** Regional Income Tax Agency PO Box 89409 Cleveland, OH 44101-6409

## 2021

## Form 37, Page 2, Line 5b and 6 Smart Worksheet

City	NR Sch J	Income earned outside resi. city	Credit limit rate	<b>A</b> Maximum tax subject to credit limit	<b>B</b> City tax	C Lower of col <b>A</b> or <b>B</b>	<b>D</b> Tax Credit Factor	E Col <b>C</b> times col <b>D</b>
CLEVELAND:								
STRONGSVILLE:								
		Line 5b tentative cro	o dit					

## Form 37, Page 2, City Income Allocation Worksheet

 Resident City #1: CLEVELAND
 From: 01/01/21
 To: 07/02/21

2021

City	W2 Employer, W-2 G Payee or Schedule J	NR Sch J	Non-Rita Wages	From	То	Resident Percent	Income	Resident Total
Total allocated to resident period								
· · · ·								•

2021

## Form 37, Page 2, City Income Allocation Worksheet

 Resident City #2:
 STRONGSVILLE
 From:
 07/03/21
 To:
 12/31/21

City	W2 Employer, W-2 G Payee or Schedule J	NR Sch J	Non-Rita Wages	From	То	Resident Percent	Income	Resident Total
STRONGSVILLE	CGI ECHNOLOGIES AND SOLUTIONS INC			07/03/21	12/31/21	100.00	104142	104142
Total allocated to resident	period			<u> </u>				104142