

IRS efile Signature Authorization

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name RISHANTH K CHAVALI	Social security number 707-21-9621
Spouse's name SRI VASUDHA VALLI PASUMARTHI	Spouse's social security number 977-97-7299

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

1 Adjusted gross income	1	147,763.
2 Total tax	2	16,880.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	26,921.
4 Amount you want refunded to you	4	12,735.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

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

1	9	6	2	1
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

7	7	2	9	9
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication— Practitioner PIN Method Only

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

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial RISHANTH K	Last name CHAVALI	Your social security number 707-21-9621
If joint return, spouse's first name and middle initial SRI VASUDHA VALLI	Last name PASUMARTHI	Spouse's social security number 977-97-7299
Home address (number and street). If you have a P.O. box, see instructions 1035 ASTER AVE		Apt no 1257
City, town, or post office. If you have a foreign address, also complete spaces below SUNNYVALE	State CA	ZIP code 94086
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien
 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

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents see instructions and check here▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch B if required	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	154,763.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions	5a	Pensions and annuities	5b	8,014.
	6a	Social security benefits	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	-7,000.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	147,763.
	10	Adjustments to income from Schedule 1, line 2b	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	147,763.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	25,100.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	600.
	c	Add lines 12a and 12b	12c	25,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13		
14	Add lines 12c and 13	14	25,700.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	122,063.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	18,351.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	18,351.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3 line 8	20	1,471.
21	Add lines 19 and 20	21	1,471.
22	Subtract line 21 from line 18. If zero or less, enter -0	22	16,880.
23	Other taxes, including self-employment tax, from Schedule 2 line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	16,880.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	26,921.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	26,921.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC). Check here if you were born after January 1, 1993, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Non-taxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863 line 8	29	
30	Recovery rebate credit. See instructions	30	1,400.
31	Amount from Schedule 3 line 15	31	1,294.
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	2,694.
33	Add lines 25d, 26, and 32. These are your total payments	33	29,615.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	12,735.
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	12,735.
b	Routing number 052001633	c	Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 446030333372		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	

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

Refund

Direct deposit? See instructions

Amount You Owe

Third Party Designee

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

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

Sign Here

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

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

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

Phone no (443) 757-7391 Email address RISHANTHKANAKADRI@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/08/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no (678) 965-9522
				Firm's EIN 30-1017196

Additional Income and Adjustments to Income

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR RISHANTH K CHAVALI & SRI VASUDHA VALLI PASUMARTHI	Your social security number 707-21-9621
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Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes		1	
2a Alimony received		2a	
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, trusts, etc. Attach Schedule E		5	-7,000.
6 Farm income or (loss). Attach Schedule F		6	
7 Unemployment compensation		7	
8 Other income:			
a Net operating loss	8a ()		
b Gambling income	8b		
c Cancellation of debt	8c		
d Foreign earned income exclusion from Form 2555	8d ()		
e 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 property	8k		
l Olympic and Paralympic medals and USOC prize money (see instructions)	8l		
m Section 951(a) inclusion (see instructions)	8m		
n Section 951A(a) inclusion (see instructions)	8n		
o Section 461(l) excess business loss adjustment	8o		
p 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 1040, 1040-SR, or 1040-NR, line 8		10	-7,000.

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government 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		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 ▶ _____			
	c Date of original divorce or separation agreement (see instructions) ▶ _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments			
	a Jury duty pay (see instructions)	24a		
	b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8	24c		
	d Reforestation amortization and expenses	24d		
	e Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
	f Contributions to section 501(c)(18)(D) pension plans	24f		
	g Contributions by certain chaplains to section 403(b) plans	24g		
	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	24i		
	j Housing deduction from Form 2555	24j		
	k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
	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 adjustments to income. Enter here and on Form 1040 or 1040SR, line 10, or Form 1041NR, line 10a		26	

Additional Credits and Payments

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR RISHANTH K CHAVALI & SRI VASUDHA VALLI PASUMARTHI	Your social security number 707-21-9621
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Part I Nonrefundable Credits

1 Foreign tax credit. Attach Form 1116 if required		1	
2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3 Education credits from Form 8863, line 19.		3	1,471.
4 Retirement savings contributions credit. Attach Form 8880		4	
5 Residential energy credits. Attach Form 5695		5	
6 Other nonrefundable credits			
a General business credit. Attach Form 3800	6a		
b Credit for prior year minimum tax. Attach Form 8801	6b		
c Adoption credit. Attach Form 8839.	6c		
d Credit for the elderly or disabled. Attach Schedule R.	6d		
e Alternative motor vehicle credit. Attach Form 8910	6e		
f Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g Mortgage interest credit. Attach Form 8396	6g		
h District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i Qualified electric vehicle credit. Attach Form 8834	6i		
j Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k Credit to holders of tax credit bonds. Attach Form 8912	6k		
l Amount on Form 8978, line 14. See instructions	6l		
z Other nonrefundable credits. List type and amount ▶ _____	6z		
7 Total other nonrefundable credits. Add lines 6a through 6z		7	
8 Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	1,471.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962.		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	1,294.
12	Credit for federal tax on fuels. Attach Form 4136.		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
c	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441.	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
z	Other payments or refundable credits. List type and amount: _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z.		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31.		15	1,294.

SCHEDULE E
(Form 1041)

Supplemental Income and Loss

OMB No 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2021

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1041, 1041-SR, 1041-NR, or 1041.

Attachment
Sequence No. 13

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

Name(s) shown on return

Your social security number

RISHANTH K CHAVALI & SRI VASUDHA VALLI PASUMARTHI

707-21-9621

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	KUKATPALLY HYDERABAD TELANGANA IN 500046				
B					
C					
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 if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	2		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties	A	B	C
3 Rents received	3	600.		
4 Royalties received	4			
Expenses				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,050.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	1,050.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	1,500.		
15 Supplies	15	1,500.		
16 Taxes	16			
17 Utilities	17	2,500.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	7,600.		
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 file Form 6198	21	-7,000.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(7,000.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		600.	
b Total of all amounts reported on line 4 for all royalty properties	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			
e Total of all amounts reported on line 20 for all properties	23e		7,600.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(7,000.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			-7,000.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-7,000.

Schedule E (Form 1041) 2021

Name(s) shown on return

RISHANTH K CHAVALI & SRI VASUDHA VALLI PASUMARTHI

Your social security number

707-21-9621



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$18,000 if married filing jointly, \$9,000 if single, head of household, or qualifying widow(er)	2	
3	Enter the amount from Form 1040 or 1040SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	
4	Subtract line 3 from line 2. If zero or less, stop; you can't take any education credit	4	
5	Enter: \$2,000 if married filing jointly, \$1,000 if single, head of household, or qualifying widow(er)	5	
6	If line 4 is: <ul style="list-style-type: none"> • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) 	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box ▶ <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040SR, line 29. Then go to line 9 below	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0 on line 18 and go to line 19	10	7,356.
11	Enter the smaller of line 10 or \$10,000	11	7,356.
12	Multiply line 11 by 20% (0.20)	12	1,471.
13	Enter: \$18,000 if married filing jointly, \$9,000 if single, head of household, or qualifying widow(er)	13	180,000.
14	Enter the amount from Form 1040 or 1040SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	147,763.
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0 on line 18 and go to line 19	15	32,237.
16	Enter: \$2,000 if married filing jointly, \$1,000 if single, head of household, or qualifying widow(er)	16	20,000.
17	If line 15 is: <ul style="list-style-type: none"> • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) 	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	1,471.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	1,471.

Name(s) shown on return RISHANTH K CHAVALI & SRI VASUDHA VALLI PASUMARTHI	Your social security number 707-21-9621
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Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) SRI VASUDHA VALLI PASUMARTHI	21 Student social security number (as shown on page 1 of your tax return) 977-97-7299
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22 Educational institution information (see instructions)

a. Name of first educational institution SAN JOSE STATE UNIVERSITY	b. Name of second educational institution (if any)
(1) Address. Number and street (or P.O. box), city, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 WASHINGTON SQ SAN JOSE CA 95192	(1) Address. Number and street (or P.O. box), city, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 77-0414438	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021? Yes— Stop! Go to line 31 for this student. No— Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. Yes— Go to line 25. No— Stop! Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2021? See instructions. Yes— Stop! Go to line 31 for this student. No— Go to line 26.

26 Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance? Yes— Stop! Go to line 31 for this student. No— Complete lines 27 through 30 for this student.



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000.	27
28 Subtract \$2,000 from line 27. If zero or less, enter -0.	28
29 Multiply line 28 by 25% (0.25)	29
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1.	30

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	7,356.
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TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Your name RISHANTH K CHAVALI	Your SSN or ITIN 707-21-9621
Spouse's/RDP's name SRI VASUDHA VALLI PASUMARTHI	Spouse's/RDP's SSN or ITIN 977-97-7299

Part I Tax Return Information (Whichever is only)

1 California adjusted gross income (AGI). See instructions	1	147,763.
2 Amount You Owe See instructions	2	
3 Refund or Net Amount Due See instructions	3	2,225.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above, agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balanced due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

1	9	6	2	1
---	---	---	---	---

 as my signature on my 2021 e-filed California individual income tax return.
ERO firm name Do not enter all zeros

I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature _____ Date _____

Spouse's/RDP's PIN check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

7	7	2	9	9
---	---	---	---	---

 as my signature on my 2021 e-filed California individual income tax return.
ERO firm name Do not enter all zeros

I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. 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/RDP's signature _____ Date _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN which is my signature for the 2021 California individual income tax return 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 FTB Rul. 1345-2021 Handbook for Authorized e-file Providers.

ERO's signature _____ Date _____ 02/08/2022

2021 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

707-21-9621 CHAV 977-97-7299
RISHANTH K CHAVALI
SRIVASUDHAV PASUMARTHI

21

1035 ASTER AVE APT 1257
SUNNYVALE CA 94086

08-15-1991 08-03-1994

Principal Residence section with fields for county (SANTA CLARA), address, apt no, city, state, and zip code.

Filing Status section with options for Single, Married RDP filing jointly, Head of household, and Qualifying widow(er).

Section 6: If someone can claim you (or your spouse RDP) as a dependent, check the box here.

Exemptions section with lines 7, 8, and 9 for Personal, Blind, and Senior exemptions.

Your name Your SSN or ITIN

10 Dependents Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN See instructions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependents relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions 10 X \$400 = \$

11 Exemption amount Add line 7 through line 10. Transfer this amount to line 32 11 \$

12 State wages from your federal Form(s) W-2 box 16 12 .

13 Enter federal adjusted gross income from federal Form 1040 or 1040SR, line 11 13 .

14 California adjustments—subtractions Enter the amount from Schedule CA (540), Part I, line 27, column B 14

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 .

16 California adjustments—additions Enter the amount from Schedule CA (540), Part I, line 27, column C 16

17 California adjusted gross income Combine line 15 and line 16 17 .

18 Enter the larger of
 { Your California itemized deductions from Schedule CA (540), Part II, line 30 OR
 Your California standard deductions shown below for your filing status
 • Single or Married/RDP filing separately \$4800
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) ... \$9606
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions 18 .

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0 19 .

31 Tax Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 31 .

32 Exemption credits Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions 32 .

33 Subtract line 32 from line 31. If less than zero, enter -0 33 .

34 Tax See instructions Check the box if from Schedule G-1 FTB 5870A 34

35 Add line 33 and line 34 35 .

40 Nonrefundable Child and Dependent Care Expenses Credit See instructions 40

43 Enter cred trame code and amount .. 43

44 Enter cred trame code and amount .. 44

Your name Your SSN or ITIN

Special Credits	45	Today more than two credits. See instructions. Attach Schedule P (54)	<input type="radio"/>	45	<input type="text"/>	<input type="text"/>
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46	<input type="text"/>	<input type="text"/>
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	<input type="text"/>	<input type="text"/>
	48	Subtract line 47 from line 35. If less than zero, enter -0	<input checked="" type="radio"/>	48	<input type="text" value="6595"/>	<input type="text"/>

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (54)	<input type="radio"/>	61	<input type="text"/>	<input type="text"/>
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62	<input type="text"/>	<input type="text"/>
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63	<input type="text"/>	<input type="text"/>
	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	<input type="radio"/>	64	<input type="text"/>	<input type="text"/>
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	<input type="radio"/>	65	<input type="text" value="6595"/>	<input type="text"/>

Payments	71	California income tax withheld. See instructions	<input type="radio"/>	71	<input type="text" value="8554"/>	<input type="text"/>
	72	2021 CA estimated tax and other payments. See instructions	<input type="radio"/>	72	<input type="text"/>	<input type="text"/>
	73	Withholding (Form 5922-B and/or 593). See instructions	<input type="radio"/>	73	<input type="text"/>	<input type="text"/>
	74	Excess SDI (or VFD) withheld. See instructions	<input type="radio"/>	74	<input type="text" value="266"/>	<input type="text"/>
	75	Earned Income Tax Credit (EITC)	<input type="radio"/>	75	<input type="text"/>	<input type="text"/>
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76	<input type="text"/>	<input type="text"/>
	77	Net Premium Assistance Subsidy (PAS). See instructions	<input type="radio"/>	77	<input type="text"/>	<input type="text"/>
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	<input type="text" value="8820"/>	<input type="text"/>

Use Tax	91	Use Tax. Do not leave blank. See instructions	<input type="radio"/>	91	<input type="text" value="0"/>	<input type="text"/>
	If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed <input type="checkbox"/> You paid your use tax obligation directly to CDFA.					

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or Coverage is qualifying health care coverage	<input checked="" type="radio"/>	92	<input type="text"/>	<input type="text"/>
	If you did not check the box, see instructions.					
		Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	92	<input type="text"/>	<input type="text"/>

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	<input type="text" value="8820"/>	<input type="text"/>
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94	<input type="text"/>	<input type="text"/>
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	<input checked="" type="radio"/>	95	<input type="text" value="8820"/>	<input type="text"/>
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92	<input checked="" type="radio"/>	96	<input type="text"/>	<input type="text"/>

Your name

Your SSN or ITIN

Overpaid Tax/Tax Due

97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95.	<input checked="" type="radio"/>	97	<input type="text" value="2225"/>	<input type="text"/>
98	Amount of line 97 you want applied to your 2022 estimated tax.	<input type="radio"/>	98	<input type="text" value="0"/>	<input type="text"/>
99	Overpaid tax available this year. Subtract line 98 from line 97.	<input type="radio"/>	99	<input type="text" value="2225"/>	<input type="text"/>
100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65.	<input checked="" type="radio"/>	100	<input type="text"/>	<input type="text"/>

Contributions

			<u>Code</u>	<u>Amount</u>	
California Senior Special Fund. See instructions.	<input type="radio"/>	400	<input type="text"/>	<input type="text"/>	
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund.	<input type="radio"/>	401	<input type="text"/>	<input type="text"/>	
Rare and Endangered Species Preservation Voluntary Tax Contribution Program.	<input type="radio"/>	403	<input type="text"/>	<input type="text"/>	
California Breast Cancer Research Voluntary Tax Contribution Fund.	<input type="radio"/>	405	<input type="text"/>	<input type="text"/>	
California Firefighters' Memorial Voluntary Tax Contribution Fund.	<input type="radio"/>	406	<input type="text"/>	<input type="text"/>	
Emergency Food for Families Voluntary Tax Contribution Fund.	<input type="radio"/>	407	<input type="text"/>	<input type="text"/>	
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund.	<input type="radio"/>	408	<input type="text"/>	<input type="text"/>	
California Sea Otter Voluntary Tax Contribution Fund.	<input type="radio"/>	410	<input type="text"/>	<input type="text"/>	
California Cancer Research Voluntary Tax Contribution Fund.	<input type="radio"/>	413	<input type="text"/>	<input type="text"/>	
School Supplies for Homeless Children Voluntary Tax Contribution Fund.	<input type="radio"/>	422	<input type="text"/>	<input type="text"/>	
State Parks Protection Fund/Parks Pass Purchase.	<input type="radio"/>	423	<input type="text"/>	<input type="text"/>	
Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	<input type="radio"/>	424	<input type="text"/>	<input type="text"/>	
Keep Arts in Schools Voluntary Tax Contribution Fund.	<input type="radio"/>	425	<input type="text"/>	<input type="text"/>	
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund.	<input type="radio"/>	431	<input type="text"/>	<input type="text"/>	
California Senior Citizen Advocacy Voluntary Tax Contribution Fund.	<input type="radio"/>	433	<input type="text"/>	<input type="text"/>	
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund.	<input type="radio"/>	439	<input type="text"/>	<input type="text"/>	
Rape Kit Backlog Voluntary Tax Contribution Fund.	<input type="radio"/>	440	<input type="text"/>	<input type="text"/>	
Schools Not Prisons Voluntary Tax Contribution Fund.	<input type="radio"/>	443	<input type="text"/>	<input type="text"/>	
Suicide Prevention Voluntary Tax Contribution Fund.	<input type="radio"/>	444	<input type="text"/>	<input type="text"/>	
Mental Health Crisis Prevention Voluntary Tax Contribution Fund.	<input type="radio"/>	445	<input type="text"/>	<input type="text"/>	
California Community and Neighborhood Tree Voluntary Tax Contribution Fund.	<input type="radio"/>	446	<input type="text"/>	<input type="text"/>	
110 Add code 400 through code 446. This is your total contribution.	<input type="radio"/>	110	<input type="text"/>	<input type="text"/>	

Your name Your SSN or ITIN

Amount You Owe 111 AMOUNT YOU OWE If you brotha ve an amount on line 99 ad line 94 line 96 line 100 and line 110 See instructions Do not send cash
Mail to FRANCHISE TAX BOARD, PO BOX 94287, SACRAMENTO CA 94267-0001..... ● 111
Pay Online - Go to ftb.ca.gov/pay for more information

Interest and Penalties 112 Interest, late return penalties and late payment penalties..... 112
113 Underpayment of estimated tax
Check the box FTB 585 attached FTB 585F attached..... ● 113
114 Total amount due See instructions Enclose but do not staple any payment..... 114

115 REFUND OR NO AMOUNT DUE Subtract the sum of line 110, line 112 and line 113 from line 99 See instructions.
Mail to FRANCHISE TAX BOARD, PO BOX 94287, SACRAMENTO CA 94267-0001..... ● 115

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts Do not attach a voided check or a deposit slip
See instructions **Have you verified the routing and account numbers?** Use white ink only
All or the following amount of my refund (line 115) is authorized for direct deposit into the accounts shown below
● Type
● Routing number Checking ● Account number ● 116 Direct deposit amount
 Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the accounts shown below
● Type
● Routing number Checking ● Account number ● 117 Direct deposit amount
 Savings

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return
Our privacy notice can be found in annual tax booklets or online Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 ENSP, Franchise Tax Board Privacy Notice on Collection To request this notice by mail, call 800-380-6545 and enter form code 948 when instructed
Under penalties of perjury I declare that I have examined this tax return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address Enter only one email address
 Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature

Joint tax return? (See instructions)

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions..... ● Yes No

Print Third Party Designee's Name Telephone Number

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

Your first name and middle initial RISHANTH K	Last name CHAVALI	Your social security number 707-21-9621
If joint return, spouse's first name and middle initial SRI VASUDHA VALLI	Last name PASUMARTHI	Spouse's social security number 977-97-7299
Home address (number and street). If you have a P.O. box, see instructions 1035 ASTER AVE		Apt no 1257
City, town, or post office. If you have a foreign address, also complete spaces below SUNNYVALE	State CA	ZIP code 94086
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien
 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

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents see instructions and check here▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch B if required	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	154,763.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
	5a	Pensions and annuities	5b	8,014.
	6a	Social security benefits	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	-7,000.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	147,763.
	10	Adjustments to income from Schedule 1, line 2b	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	147,763.
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions	12a	Standard deduction or itemized deductions (from Schedule A)	12a	25,100.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	600.
	c	Add lines 12a and 12b	12c	25,700.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12c and 13	14	25,700.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	122,063.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	18,351.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	18,351.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3 line 8	20	1,471.
21	Add lines 19 and 20	21	1,471.
22	Subtract line 21 from line 18. If zero or less, enter -0	22	16,880.
23	Other taxes, including self-employment tax, from Schedule 2 line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	16,880.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	26,921.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	26,921.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC). Check here if you were born after January 1, 1993, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Non-taxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863 line 8	29	
30	Recovery rebate credit. See instructions	30	1,400.
31	Amount from Schedule 3 line 15	31	1,294.
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	2,694.
33	Add lines 25d, 26, and 32. These are your total payments	33	29,615.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	12,735.
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	12,735.
b	Routing number 052001633	c	Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 446030333372		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	

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

Refund

Direct deposit? See instructions

Amount You Owe

Third Party Designee

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

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

Sign Here

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

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

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

Phone no (443) 757-7391 Email address RISHANTHKANAKADRI@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/08/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no (678) 965-9522
				Firm's EIN 30-1017196

Additional Income and Adjustments to Income

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR RISHANTH K CHAVALI & SRI VASUDHA VALLI PASUMARTHI	Your social security number 707-21-9621
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Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes		1	
2a Alimony received		2a	
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, trusts, etc. Attach Schedule E		5	-7,000.
6 Farm income or (loss). Attach Schedule F		6	
7 Unemployment compensation		7	
8 Other income:			
a Net operating loss	8a ()		
b Gambling income	8b		
c Cancellation of debt	8c		
d Foreign earned income exclusion from Form 2555	8d ()		
e 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 property	8k		
l Olympic and Paralympic medals and USOC prize money (see instructions)	8l		
m Section 951(a) inclusion (see instructions)	8m		
n Section 951A(a) inclusion (see instructions)	8n		
o Section 461(l) excess business loss adjustment	8o		
p 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 1040, 1040-SR, or 1040-NR, line 8		10	-7,000.

Part II Adjustments to Income

11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government 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		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 ▶ _____		
	c Date of original divorce or separation agreement (see instructions) ▶ _____		
20	IRA deduction		20
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
24	Other adjustments		
	a Jury duty pay (see instructions)	24a	
	b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b	
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8	24c	
	d Reforestation amortization and expenses	24d	
	e Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
	f Contributions to section 501(c)(18)(D) pension plans	24f	
	g Contributions by certain chaplains to section 403(b) plans	24g	
	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	24i	
	j Housing deduction from Form 2555	24j	
	k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
	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 adjustments to income. Enter here and on Form 1040 or 1040SR, line 10, or Form 1041NR, line 10a		26

Additional Credits and Payments

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR RISHANTH K CHAVALI & SRI VASUDHA VALLI PASUMARTHI	Your social security number 707-21-9621
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Part I Nonrefundable Credits

1 Foreign tax credit. Attach Form 1116 if required		1	
2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3 Education credits from Form 8863, line 19.		3	1,471.
4 Retirement savings contributions credit. Attach Form 8880		4	
5 Residential energy credits. Attach Form 5695		5	
6 Other nonrefundable credits			
a General business credit. Attach Form 3800	6a		
b Credit for prior year minimum tax. Attach Form 8801	6b		
c Adoption credit. Attach Form 8839.	6c		
d Credit for the elderly or disabled. Attach Schedule R.	6d		
e Alternative motor vehicle credit. Attach Form 8910	6e		
f Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g Mortgage interest credit. Attach Form 8396	6g		
h District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i Qualified electric vehicle credit. Attach Form 8834	6i		
j Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k Credit to holders of tax credit bonds. Attach Form 8912	6k		
l Amount on Form 8978, line 14. See instructions	6l		
z Other nonrefundable credits. List type and amount ▶ _____	6z		
7 Total other nonrefundable credits. Add lines 6a through 6z		7	
8 Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	1,471.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962.		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	1,294.
12	Credit for federal tax on fuels. Attach Form 4136.		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
c	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441.	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
z	Other payments or refundable credits. List type and amount: _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z.		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31.		15	1,294.

SCHEDULE E
(Form 1041)

Supplemental Income and Loss

OMB No 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2021

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1041, 1041-SR, 1041-NR, or 1041.

Attachment
Sequence No. 13

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

Name(s) shown on return

Your social security number

RISHANTH K CHAVALI & SRI VASUDHA VALLI PASUMARTHI

707-21-9621

Part I

Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2 line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	KUKATPALLY HYDERABAD TELANGANA IN 500046				
B					
C					
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 if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	2		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties	A	B	C
3 Rents received	3	600.		
4 Royalties received	4			
Expenses				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,050.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	1,050.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	1,500.		
15 Supplies	15	1,500.		
16 Taxes	16			
17 Utilities	17	2,500.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses Add lines 5 through 19	20	7,600.		
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 file Form 6198	21	-7,000.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(7,000.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		600.	
b Total of all amounts reported on line 4 for all royalty properties	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			
e Total of all amounts reported on line 20 for all properties	23e		7,600.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(7,000.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			-7,000.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-7,000.

Schedule E (Form 1041) 2021

Name(s) shown on return

RISHANTH K CHAVALI & SRI VASUDHA VALLI PASUMARTHI

Your social security number

707-21-9621



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$18,000 if married filing jointly, \$9,000 if single, head of household, or qualifying widow(er)	2	
3	Enter the amount from Form 1040 or 1040SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	
4	Subtract line 3 from line 2. If zero or less, stop; you can't take any education credit	4	
5	Enter: \$2,000 if married filing jointly, \$1,000 if single, head of household, or qualifying widow(er)	5	
6	If line 4 is: <ul style="list-style-type: none"> • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) 	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box ▶ <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040SR, line 29. Then go to line 9 below	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	7,356.
11	Enter the smaller of line 10 or \$10,000	11	7,356.
12	Multiply line 11 by 20% (0.20)	12	1,471.
13	Enter: \$18,000 if married filing jointly, \$9,000 if single, head of household, or qualifying widow(er)	13	180,000.
14	Enter the amount from Form 1040 or 1040SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	147,763.
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	32,237.
16	Enter: \$2,000 if married filing jointly, \$1,000 if single, head of household, or qualifying widow(er)	16	20,000.
17	If line 15 is: <ul style="list-style-type: none"> • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) 	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	1,471.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	1,471.

Name(s) shown on return RISHANTH K CHAVALI & SRI VASUDHA VALLI PASUMARTHI	Your social security number 707-21-9621
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Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) SRI VASUDHA VALLI PASUMARTHI	21 Student social security number (as shown on page 1 of your tax return) 977-97-7299
22 Educational institution information (see instructions)	
a. Name of first educational institution SAN JOSE STATE UNIVERSITY	b. Name of second educational institution (if any)
(1) Address. Number and street (or P.O. box), city, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 WASHINGTON SQ SAN JOSE CA 95192	(1) Address. Number and street (or P.O. box), city, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 77-0414438	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021? <input type="checkbox"/> Yes— Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No— Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes— Go to line 25. <input type="checkbox"/> No— Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2021? See instructions. <input checked="" type="checkbox"/> Yes— Stop! Go to line 31 for this student. <input type="checkbox"/> No— Go to line 26.	
26 Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes— Stop! Go to line 31 for this student. <input type="checkbox"/> No— Complete lines 27 through 30 for this student.	



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000.	27
28 Subtract \$2,000 from line 27. If zero or less, enter -0.	28
29 Multiply line 28 by 25% (0.25)	29
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1.	30

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	7,356.
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