

OMB No 1545-0074

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

ERO must obtain and retain completed Form 8879. 1 m

|  | Gotowww.irs.gov/For | n8879for the latest informati |
|--|---------------------|-------------------------------|
|--|---------------------|-------------------------------|

| Submission Identification Number (SID)                                    |                  |                |
|---|------------------|----------------|
| Taxpaya'sname   | Social securityr | number         |
| RISHANTH K CHAVALI  | 707-21-9         | 621            |
| Spouze's name   | Spouse's social  | securitynumber |
| SRI VASUDHA VALLI PASUMARTHI  | 977-97-7         | 299            |
| Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter  | yærycuare        | authorizing)   |
| Enterwhole oblians only on lines 1 through 5                              |                  |                |
| Note: Fam 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 Amountyouwantrefunded to you  |                  | 4 12,735.      |
|   |                  |                |

5 Amountyouove 5 . . . . . . . . Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Partll

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 ballef, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (ariginal anamended) 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 advowledgement of receipt or reason for rejection of the transmission (b) the reason for any delay in processing the return on refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treesury 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 oved 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 advrowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

to enter or operate my PIN



asmy

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.

Yarsignature

Date

Spouse's PIN: check are box only

X Lauthorize GLOBAL TAXES LLC ERO firm name to enter or operate my PIN

7 2 9 9 asmv Enter five digits, but

don tenter all zeros

7

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.

Spouce's signature Date Practitioner PINMethod Returns Only-continue below PartIII Certification and Authentication - Practitioner PIN Method Only 5 8 7 2 7 8 6 1 9 8 9 ERO's EFIN/PIN Enteryoursix-digit EFIN followed by your five-digits alf-salected PIN Don't enter all zeros

I certify that the above numeric entry is my RIN, 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

| EROssignature | Date►   |  |
|---------------|---|--|
|               | EROMust Retain This Form — See Instructions                 |  |
|               | Dan't Submit This Farm to the IRS Unless Requested To Do So |  |
|               |   |  |

| E | $1 \cap 1 \cap$ | Pepartment of the Treasury—Internal Revenue Service                                   | (99) |
|---|-----------------|---|------|
| Ц | 1 CH            | Pepartmentof the Treasury-Internal Revenue Service<br>U.S. Individual Income Tax Retu | m    |

| OMB No 1545-0074 | IRS Use Only—Do notwrite or staple in this space |
|------------------|--|

| Filing Statu  | s∏s  | Single 🛛 Married filingjointly 🛛  | Marri                                | ed filing separate   | y (MFS   | ) 🗌 Head o               | fhue    | endd (HOH)  | Q          | alifying widow(er) (QW)     |
|---|--|---|--------------------------------------|----------------------|----------|--------------------------|---------|---|------------|-----------------------------|
| Checkarly<br>arebox                                   | lfyc   | uchecked the MFS box, enter the r<br>conisa child but not your dependen                 | meof                                 |                      |          |                          |         |   |            |                             |
| Yourfirstname   | eandmi   | iddleinitial  | Læstra                               | ame                  |          |                          |         |   | Yourso     | ocial security number       |
| RISHANT   | нк   |   | CHAV                                 | /ALI                 |          |                          |         |   | 707-       | 21-9621                     |
| lfjantretum, s  | pares  | sfirstnameandmiddleinitial  | Læstra                               | ame                  |          |                          |         |   | Spouse     | s social security number    |
| SRI VAS   | JDHA   | VALLI   | PASU                                 | JMARTHI              |          |                          |         |   | 977-       | 97-7299                     |
| Homeadbress   | Homeaddress (number and street). If you have a P.O. box, see instructions. Apt no Pres |   |                                      |                      |          |                          | Preside | ential Election Campaign                          |            |                             |
|   |  |   |                                      |                      |          |                          |         | hereifyay aryar                                   |            |                             |
|   |  |   |                                      |                      |          |                          |         | eiffilingjointly, want \$3<br>othisfund Checkinga |            |                             |
| SUNNYVA   | LE   |   |                                      |                      | Cž       | Α                        | 94      | 086   |            | low will not change         |
| Fareigncountr   | yname  |   |                                      | Foreign province/sta | nte/cour | nty                      | Fore    | eign postal code                                  | yarta      | xorrefund.                  |
|   |  |   |                                      |                      |          |                          |         |   |            | Vou Spouse                  |
| Atanytimed  | .ring 2  | 121, did you receive, sell, exchange,   | aroth                                | awiædispæof          | anyfin   | ancial interes           | tinar   | yvirtual currer                                   | cy?        | Yes X No                    |
| Standard<br>Deduction                                 |  | eone can daim: 🗌 You as a de<br>Spouse i temizes on a separate retur                    | •                                    | •                    |          | •                        | t       |   |            |                             |
| Age/Blindnes  | s Yau  | 🗌 WerebornbeforeJanuary 2, 1  | 957 [                                | Areblind S           | Sporte   | 🛛 🗌 Wæsb                 | anbe    | aforeJanuary2                                     | 2, 1957    | Isblind                     |
| Dependent   | s (sæ  | instructions):  |                                      | (2) Social sea.      | rity     | (3) Relation             | ship    | (4) <b>√</b> ifq.                                 | alifies fo | r (see instructions):       |
| lfmære  | (1) Fi   | istrame Lastrame  |                                      | number               |          | toyau                    |         | Child tax cre                                     | ælit       | Credit for other dependents |
| thanfour  |  |   |                                      |                      |          |                          |         |   |            |                             |
| seeinstruction  | dependents,  |   |                                      |                      |          |                          |         |   |            |                             |
| andcheck  |  |   |                                      |                      |          |                          |         |   |            |                             |
| here▶ _   |  |   |                                      |                      |          |                          |         |   |            |                             |
|   | 1  | Wages, salaries, tips, etc. Attach I  | =am(s)                               | W-2                  |          |                          | •       |   | 1          |                             |
| Attach<br>Sch Bif                                     | ≨a   | · –   | 2a                                   |                      | bТ       | axable intere            | st      |   | 2          |                             |
| required.   | <u>:a</u>  |   | 3a                                   |                      | bC       | Drdnarydivid             | lends   |   | 3          |                             |
|   | / 4a   | IRAdistributions  | 4a                                   |                      | bТ       | <sup>-</sup> axable amo. | .nt.    |   | 4          | -                           |
|   | 5a   | Pensions and annuities  | 5a                                   | 8,014.               | bТ       | axable amo.              | .nt.    | . ROLLOVE   | IR 5       | 0.                          |
| Standard  | <b>6</b> a   | J   | 6a                                   |                      |          | axable amo.              |         | <u>.</u>  | 6          |                             |
| <ul> <li>Deduction for—</li> <li>Single or</li> </ul> | 7  | Capital gain or (loss). Attach Schedule Difrequired If not required, check here         |                                      |                      |          |                          |         | ] _ 7   |            |                             |
| Married filing  | 8  | Other income from Schedule 1, lin   |                                      |                      |          |                          |         |   | 8          | ,                           |
| separately,<br>\$12,550                               | 9  | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,   | and 8                                | Thisisyour total i   | ncome    | )                        | • •     | 🕨   |            | 9 147,763.                  |
| • Married filing<br>jointly or                        | 10   | Adjustments to income from Sche   | dUe 1,                               | line 26              |          |                          |         |   | 10         |                             |
| Qualifying  | 11   | Subtractline 10 from line 9. This is  | ? This is your adjusted gross income |                      |          |                          |         |   | 1 147,763. |                             |
| widow(er),<br>\$25,100                                | 12a  | Standard deduction or itemized deductions (from Schedule A) 12a 25,100.                 |                                      |                      |          |                          |         | ).  |            |                             |
| • Head of   | b  | Charitable contributions if you take the standard deduction (see instructions) 120 600. |                                      |                      |          |                          |         |   |            |                             |
| househdd,<br>\$18,800                                 | С  | Add lines 12a and 12b   |                                      |                      |          |                          |         |   | 12         | ≿ <u>25,700.</u>            |
| <ul> <li>Ifyouchecked<br/>anyboxunder</li> </ul>      | 13   | Qualified business income deduct  | ianfron                              | n Farm 8995ar Fa     | rm 89    | ЭБА                      |         |   | 1:         | 3                           |
| Standard  | 14   | Add lines 12c and 13  |                                      |                      |          |                          |         |   | 14         |                             |
| Deduction,<br>see instructions.                       | 15   | Taxable income. Subtract line 14  | fromlin                              | ne 11. Ifzeroarle    | ss, ente | э <b>г-О</b>             |         |   | 15         | 5 122,063.                  |
|   |  |   |                                      |                      |          |                          |         |   |            |                             |
|   |  |   |                                      |                      |          |                          |         |   |            | -100                        |

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

Form 1040(2021)

| Farm 1040(2021                               | I)       |   |                         |                    |                    |              |       | Page 2                         |
|--|----------|---|-------------------------|--------------------|--------------------|--------------|-------|--------------------------------|
|  | 16       | Tax (see instructions). Check if any from Fo  | m(s): 1 🗌 88            | 14 2 4972          | 3                  |              | 16    | 18,351.                        |
|  | 17       | Amount from Schedule 2 line 3   |                         |                    |                    |              | 17    |                                |
|  | 18       | Add lines 16 and 17   |                         |                    |                    |              | 18    | 18,351.                        |
|  | 19       | Nonefundable child tax area it ar area it fa  | other depende           | ents from Schedule | 8812               | . 7          | 19    |                                |
|  | 20       | Amount from Schedule 3 line 8   | -                       |                    |                    |              | 20    | 1,471.                         |
|  | 21       | Add lines 19 and 20   |                         |                    |                    | . []         | 21    | 1,471.                         |
|  | 22       | Subtractline 21 from line 18 Ifzero or less   |                         |                    |                    |              | 22    | 16,880.                        |
|  | 23       | Other taxes, including self-employment ta   |                         |                    |                    |              | 23    | 0.                             |
|  | 24       | Add lines 22 and 23 This is your total tax  |                         |                    |                    |              | 24    | 16,880.                        |
|  | 25       | Federal income tax withheld from:   |                         |                    |                    |              |       |                                |
|  | а        | Fam(s)W-2   |                         |                    | 25a 26,9           | 21.          |       |                                |
|  | b        | Form(s) 1099  |                         |                    | 230                |              |       |                                |
|  | C        | Otherfams (see instructions)  |                         |                    | 250                |              |       |                                |
|  | d        | Add lines $2\pi \operatorname{traugh} 2\pi \ldots$  |                         |                    |                    |              | Ed    | 26,921.                        |
|  | 26       | 2021 estimated tax payments and amount  |                         |                    |                    |              | 26    |                                |
| lfyouhavea <sup>L</sup><br>qualifying child, | 27a      | Earned income credit (EIC)  |                         |                    | 27a                |              |       |                                |
| attach Sch EIC.                              | 2/4      | Check here if you were born after Ja  |                         |                    |                    |              |       |                                |
|  |          | January 2, 2004, and you satisfy all  | the other requ          | irements for       |                    |              |       |                                |
|  |          | taxpayers who are at least age 18 to dain   | n <b>th</b> e EIC. Sæir | nstructions 🕨 🗌    |                    |              |       |                                |
|  | b        | Nontaxable combat payelection   | . <b>27</b> 0           |                    |                    |              |       |                                |
|  | С        | Prioryear (2019) earned income  | . 27c                   |                    |                    |              |       |                                |
|  | 28       | Refundable child tax credition additional chil  | dtaxareditfran          | n Schedule 8812    | 28                 |              |       |                                |
|  | 29       | American opportunity area lit from Form &   | 63, line 8              |                    | 29                 |              |       |                                |
|  | 30       | Recovery rebate credit See instructions .   |                         |                    | 30 1,4             | 00.          |       |                                |
|  | 31       | Amount from Schedule 3 line 15  |                         |                    | 31 1,2             | .94.         |       |                                |
|  | 32       | Add lines 27a and 28 through 31. These a  | eyour total ot          | ner payments and   | refundable credits | 5 🕨 🔅        | 32    | 2,694.                         |
|  | 33       | Add lines 25d, 26, and 32 These are your  | total payment:          | S                  |                    | ▶ :          | 33    | 29,615.                        |
| Refund                                       | 34       | Ifline 33 is more than line 24 subtract line  | 24 from line 3          | 3 Thisis the amou  | ntyouoverpaid .    |              | 34    | 12,735.                        |
|  | 35a      | Amount of line 34 you want refunded to y  | cu lfFarm 888           | Bisattached, che   | skhere ▶           | · 🗌 [ 3      | 5a    | 12,735.                        |
| Direct deposit?                              | ►b       | Routing number 0 5 2 0 0 1 6  | 5 3 3                   | ▶сТуре 🛛           | Checking Sav       | <i>i</i> ngs |       |                                |
| Seeinstructions                              | ►d       | Accountnumber 4 4 6 0 3 0 3   | 3 3 3 3                 | 7 2                |                    |              |       |                                |
|  | 36       | Amount of line 34 you want applied to you   | r 2022 estimat          | ted tax 🕨          | 36                 |              |       |                                |
| Amount                                       | 37       | Amountyou ove. Subtractline 33 from lin   | ne 24 For detai         | ilsonhow to pay, s | see instructions . | ▶ :          | 37    |                                |
| YouOwe                                       | 38       | Estimated tax penalty (see instructions) .  |                         | 🕨                  | 38                 |              |       |                                |
| Third Party                                  | D        | you want to allow another person to d   | scuss this retu         | un with the IRS?   | Sæ                 |              |       |                                |
| Designæ                                      |          | structions  |                         |                    | 🕨 🗌 Yes. Com       | plete belo   | DVV.  | X No                           |
|  |          | signed's  | Phone                   |                    |                    | lidentificat | tion_ |                                |
|  |          |   | na 🕨                    |                    | number             | . ,          |       |                                |
| Sign   |          | der penalties of perjury, I dedare that I have exam<br>ief, they are true, correct, and complete. Dedaratic |                         |                    |                    |              |       |                                |
| Here   |          | 5   |                         | 1.3.7              |                    |              | •     | 5 6                            |
|  | , YC     | ursignature   | Date                    | Yaraapation        |                    |              |       | youanIdentity<br>  enterithere |
| Jantretum?                                   |          |   |                         | SOFTWARE E         | INGINEER           | (sæ inst     |       |                                |
| Sæinstructions                               | Sp       | ouees signature. If a joint return, both must sign  | Date                    | Spouse's cocupati  | an                 |              |       | yarspaæan                      |
| Keepacopyfor<br>yourrecords                  | <b>/</b> |   |                         |                    |                    |              |       | tion PIN, enterithere          |
| jua ruarda                                   |          |   |                         | HOME MAKER         |                    | (sæ inst     | .)    |                                |
|  |          | anena (443)757-7391   | Email address           | RISHANTHKANA       | KADRI@GMAIL.COM    |              |       |                                |
| Paid   |          | parer's name Preparer's sign  |                         |                    |                    | ΠN           |       | Checkif:                       |
| Preparer                                     | SYAM     | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA   | A RAM SAGAR             | GUPTA TALLAM       | 02/08/2022 PC      | 208270       |       | Self-employed                  |
| UseOnly                                      |          | m'sname► GLOBAL TAXES LLC   |                         |                    |                    | Phonem       | D. (6 | 78)965-9522                    |
|  | Fin      | m′sæddress⊳2530 Pebble Creek  | Ln Cummin               | g GA 30041         |                    | Firm'sE      | IN 🕨  | 30-1017196                     |
| Go to www.irsg                               | ov∕Far   | n104Dfarinstructions and the latest information   |                         | BAA                | REV 01/31/22 PRO   |              |       | Fam <b>1040</b> (2021)         |

|    | Additional Income and Adjustments to Income |   |              |                   |         |                              |
|----|---|---|--------------|-------------------|---------|------------------------------|
|    | entof the Treasury<br>Revenue Service       | ► Attach to Form 1040 1040-SR, or 1040-NR<br>► Go to www.irs.gov/Form1040for instructions and the late        |              |                   | A       | ittadhment<br>equence No. Ol |
|    | • •   | om 1040 1040-SR of 1040NR<br>VALI & SRI VASUDHA VALLI PASUMARTHI  |              | Yoursoo<br>707-21 |         | ecurity number               |
|    | tl Additio                                  | 101-21  |              | 21                |         |                              |
| 1  |   | unds, arealits, an offsets of state and local income taxe   | 2            |                   | 1       |                              |
| •  |   | eived   |              |                   | '<br>2a |                              |
| b  | 0   | nal divarce or separation agreement (see instructions)  |              |                   | 20      |                              |
| 3  |   | come or (loss). Attach Schedule C   |              |                   | 3       |                              |
| 4  |   | or (losses). Attach Form 4797   |              |                   | 4       |                              |
| 5  | 0   | estate, royalties, partnerships, S corporations, tr   | usts, etc. A | Attach            | 5       | -7,000.                      |
| 6  | Farm incom                                  | eor (loss): Attach Schedule F   |              |                   | 6       |                              |
| 7  | Unemploym                                   | nentcompensation  |              |                   | 7       |                              |
| 8  | Otherincon                                  | ne l  |              |                   |         |                              |
| а  | Netoperatir                                 |   | ଥ୍ୟେ (       |                   |         |                              |
| b  | Gamblingin                                  | rcome   | <b>8</b> b   |                   |         |                              |
| С  | Cancellation                                | nofdebt   | 38           |                   |         |                              |
| d  | Fareigneen                                  | red income exclusion from Form 2005   | 81 (         | )                 |         |                              |
| е  | Taxable He                                  | althSavingsAccount distribution   | æ            |                   |         |                              |
| f  | Alaska Pern                                 | namentFund dividends  | F            |                   |         |                              |
| g  | Jurydutypa                                  | ay  | හු           |                   |         |                              |
| h  | Prizesanda                                  | awards  | 8h           |                   |         |                              |
| i  | Activity not                                | engeged in for profit income  | 8            |                   |         |                              |
| j  |   | an  | 8            |                   |         |                              |
| k  | the rental fo                               | n the rental of parsonal property if you engaged in<br>or profit but ware not in the business of renting such | 0.           |                   |         |                              |
|    |   | d Paralympic medals and USOC prize money (see   | 8k           |                   |         |                              |
| I  | ÷ .   |   | 8            |                   |         |                              |
| m  | Section 951                                 | (a) indusion (see instructions)   | 8n           |                   |         |                              |
| n  | Section 951                                 | A(a) indusion (see instructions)  | 8n           |                   |         |                              |
| 0  | Section 461                                 | () excess business loss adjustment.   | හ            |                   |         |                              |
| р  | Taxabledis                                  | tributions from an ABLE account (see instructions) .  | ආ            |                   |         |                              |
| Z  | Otherincon                                  | ne. List type and amount▶   | 82           |                   |         |                              |
| 9  | Total otheri                                | income Addilines & through &  |              |                   | 9       |                              |
| 10 | Combine lir<br>1040NR, lir                  | nes 1 through 7 and 9: Enter hare and on Form 10<br>ne 8  |              |                   | 10      | -7,000.                      |

For Paperwork Reduction Act Notice, see your tax return instructions

Schedule 1 (Farm 1040) 2021

| Par | t II Adjustments to Income  |         |  |
|-----|---|---------|--|
| 11  | Educator expenses   | <br>11  |  |
| 12  | Certain business expenses of reservists, performing artists, and fee-basis govern<br>officials. Attach Form 2106  | 12      |  |
| 13  | Health savings account deduction Attach Form 8889   | <br>13  |  |
| 14  | Moving expenses for members of the Armed Forces Attach Form 3908  | <br>14  |  |
| 15  | Deductible part of self-employment tax. Attach Schedule SE  | <br>15  |  |
| 16  | Self-employed SEP, SIMPLE, and qualified plans  | <br>16  |  |
| 17  | Self-employed health insurance deduction  | <br>17  |  |
| 18  | Penaltyonearlywithdrawal of savings   | <br>18  |  |
| 19a | Aimonypaid  | <br>19a |  |
| b   | Recipient's SSN   |         |  |
| С   | Date of original divorce or separation agreement (see instructions) 🕨   |         |  |
| 20  |   | <br>20  |  |
| 21  | Student loan interest deduction   | <br>21  |  |
| 22  |   | <br>22  |  |
| 23  | Archer MSA deduction.   | <br>23  |  |
| 24  | Otheradjustments  |         |  |
| а   | Jury duty pay (see instructions)  |         |  |
| b   | Deductible expenses related to income reported on line 8k from<br>the rental of personal property engaged in for profit                                   |         |  |
| С   | Nontaxable amount of the value of Olympic and Paralympic<br>medals and USOC prize money reported on line 8  |         |  |
| 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  |         |  |
| g   | Contributions by certain chaptains to section 403(b) plans 24g  |         |  |
| h   | Attorney fees and court costs for actions involving certain unlawful discrimination daims (see instructions)  |         |  |
| 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 vidations |         |  |
| j   | Housing deduction from Form 2335  |         |  |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1         (Form 1041)       24k   |         |  |
| Z   | Otheracjustments List type and amount ▶24z  |         |  |
| 25  | Total other adjustments Add lines 24a through 24z   | <br>25  |  |
| 26  | Add lines 11 through 23 and 25 These are your adjustments to income.<br>here and on Form 1040or 1040SR, line 10 or Form 1040NR, line 10a                  | 26      |  |

### SCHEDULE 3 (Form 1040)

# Additional Credits and Payments

OMB No 1545-0074

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form 1040 for instructions and the latest information.

Attachment Sequence No CB

-

| Name  | Yourso<br>707-2  |              | ecurity number |        |                       |
|-------|--|--------------|----------------|--------|-----------------------|
| Par   | HANTH K CHAVALI & SRI VASUDHA VALLI PASUMARTHI<br>tl Norrefundable Credits |              | 1,0,1          |        |                       |
| 1     | Foreign tax area it. Attach Form 1116 if required                          |              |                | 1      |                       |
| 2     | Orealit for child and dependent care expenses from Farm 244<br>Form 2441   | 1, line 11.  | Attach         | 2      |                       |
| З     | Education area its from Form 8863 line 19                                  |              |                | З      | 1,471.                |
| 4     | Retirement savings contributions area it Attach Form 8880                  |              |                | 4      |                       |
| 5     | Residential energy arealitis Attach Farm 5695                              |              |                | 5      |                       |
| 6     | Other name fundable area its   |              |                |        |                       |
| а     | General business credit Attach Form 3800                                   | ଯେ           |                |        |                       |
| b     | Oredit for prior year minimum tax. Attach Form 8801                        | රා           |                |        |                       |
| С     | Adoption area it Atlach Form 8839  | 60           |                |        |                       |
| d     | Oredit for the elderly or disabled. Attach Schedule R                      | ପ୍ରେ         |                |        |                       |
| е     | Alternative motor vehicle credit Attach Form 8910                          | 6e           |                |        |                       |
| f     | Qualified plug-in motor vehicle credit Attach Form 8936                    | රි           |                |        |                       |
| g     | Mangage interestated it Atlach Farm 8396                                   | රගු          |                |        |                       |
| h     | District of Columbia first-time homebuyer area t Attach Form 8859          | ധ്വ          |                |        |                       |
| i     | Qualified dectric vehide credit Attach Form 8834                           | 6            |                |        |                       |
| j     | Alternative fuel vehicle refueling property credit Attach Form 8911        | <i>6</i> j   |                |        |                       |
| k     | Oredit to holders of tax aredit bands Attach Farm 8912                     | 6k           |                |        |                       |
| Ι     | Amount on Form 8978 line 14 See instructions                               | 6            |                |        |                       |
| Z     | Other namefundable area its List type and amount                           | 62           |                |        |                       |
| 7     | Total other nonrefundable credits Add lines & through &                    |              |                | 7      |                       |
| 8     | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040             | )-SR, ar 10  | 40NR,          |        |                       |
|       | line 20  |              |                | 8      | 1,471.                |
| EarDa | perwork Reduction Act Notice, see your tax return instructions.            |              |                |        | edonpage 2            |
| ru Pa | perwork Reduction Activolice, see your lax returnin Siruction S BAA        | REV 01/31/22 | PRO            | scredi | le 3 (Form 1040) 2021 |

Sched

| Schedu | le 3 (Fam 1040) 2021   |      |    | Page∠  |
|--------|--|------|----|--------|
| Par    | t II Other Payments and Refundable Credits   |      |    |        |
| 9      | Netpremium 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     | Oredit for federal tax on fuels Attach Form 4136   |      | 12 |        |
| 13     | Other payments or refundable credits   |      |    |        |
| а      | 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 | 130  |    |        |
| С      | Health coverage tax credit from Form 8885  | 13c  |    |        |
| d      | Orealit for repayment of amounts included in income from earlier years   | 133  |    |        |
| е      | Reserved for future use  | 13e  |    |        |
| f      | Deferred amount of net 955 tax liability (see instructions)  | 137  |    |        |
| g      | Orealit for child and dependent care expenses from Form 2441,<br>line 10 Attach Form 2441                        | 13ე  |    |        |
| 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 ar refundable area its List type and amount   | 132  |    |        |
| 14     | Total other payments or refundable credits. Add lines 13a through  | n13z | 14 |        |
|        |  |      |    |        |

| line 31 |     |                  | 15 1,294.                   |
|---------|-----|------------------|-----------------------------|
|         | BAA | REV 01/31/22 PRO | Schedule 3 (Form 1040) 2021 |

| From 102Q       (From rectar card bits replace partnerships Scorperiors detats tuble FEMICs of Dimensional Control (Control (Contro (Control (Control (Control (Control (Contro (Control (Control (Co   |          | DULEE              | Supplemental Income and Loss   |   |                   |                |         |         | OMB          | No 1545-0074    |        |           |           |
|--|----------|--------------------|--|---|-------------------|----------------|---------|---------|--------------|-----------------|--------|-----------|-----------|
| New Production (P)         Contour (Normal)         Control (Normal)         Normal (Normal)           Resting 1000         Income of Lass Fran Ramel Rad Estata and Ray fits. Note If yours in teturines of intripper only mark to same frame of the second   | (Farm    | 1040)              | (From rental real estate, royalties, partnerships, Scorporations, estates, trusts, REMICs, etc.) |   |                   |                |         |         |              | $\gamma\gamma1$ |        |           |           |
| Internet.out_Study(\$)         ► Corbus/Weilsgu/Scheuke Eft instructors and the letest information         Your acid sourty number           RESINATION K. CRAVALL & SRI VASUBA VALUE PASUMARTHI         707-21-9621         Your acid sourty number           RESINATION K. CRAVALL & SRI VASUBA VALUE PASUMARTHI         707-21-9621         Your acid sourty number           RESINATION K. CRAVALL & SRI VASUBA VALUE PASUMARTHI         707-21-9621         Your acid sourty number           A Ddyoundwild with the source of t  | Departme | entof the Trees rv |  | Attach to Form 1040   | 7 104             | )-SR, 10       | 40NR, d | or 1041 |              |                 |        |           |           |
| RESIDENT K. CRUVALL & SRI VASUDIA. VALLI PASUMARTII         107-21-961           Part Income Loss From Rend Real Estale and Royal tes. Note thouare intraduces of tentregars and property. Les<br>Scheule C. Scientautora (hyuare intraducting term and term on fazz introfficm. 4250 nppp 2 line 40         A Didyourneke and term and term and term on fazz introfficm. 4250 nppp 2 line 40           A Didyourneke any segments in 221 frethould require you file Form(5) 1099? Seeinstuctors         Image: Scientautors         Image: Scientautors         Image: Scientautors           A Bit Presci declarge of scientary former to the scientary form and term of term of the scientary form and term of t  |          |                    |  | ► Go to www.irs.gov/ScheduleE fo  | brins             | ructions       | sandthe | elatest | information. |                 |        | Sequ      | enceNa 13 |
| Income of Loss From Rends Real Estate and Royal ties         Nute Hyuarean the Laires dreating parage proved yr. e. Stadue C. Sainstuctors in/yuarean induction (approximation from constrom Fram. 4250 npgs 2 line. 0)           A Eddyumkeery paymetis in 220 instructors (by State 2 Paceds)  | Name(s)  | shownonreturn      |  |   |                   |                |         |         |              | Ya              | rsoci  | al securi | tynumber  |
| Stetute: Seriestactors (Fouriers) (Superinters) (Su  |          | -                  |  |   | ·                 |                |         |         |              |                 |        |           |           |
| A Ddycumkearypaynants in 2021 travouldirequizy out bille Form(\$) 10997 Sceinstuctors       Uses X No         B If Yess' ddycuor will youtile required form (\$) 10997       Uses X No         B Rykes' ddycuor will youtile required form (\$) 10997       Uses X No         A KUKATPALLY HYDERABAD TELANGANA IN 500046       Vess X No         B       C       Days         C       Days       Days         Quer of Property       2 Foreachmentel real esteleymount villed differentel and esteleymount villed differentel and the steleymount viel steleymount villed differentel and the steleymount viel ste  | Part     |                    |  |   | •                 |                | -       |         |              |                 |        | -         |           |
| B IF Viss' ddy.or.or.uli y.oufile engined forms) 10392   |          |                    |  |   |                   |                |         |         |              |                 |        |           |           |
| 1a       Physical address of reach property (sitest dify series 2IP code)         A       KURATPALLY HYDERABAD TELANGANA IN 500046         B       C         C       Days       Days         B       C       Days       Days         C       Days       Days       Days       Days         B       Description (Statest)       A       365       0       Description (Statest)         C       Description (Statest)       C       Description (Statest)       C       Description (Statest)         C       Description (Statest)       C       C       Description (Statest)       Description (Statest)         Type of Property       Stratefamily Residence       3 Vacion/Strat-Tem Rentel 5 Land       7 Sdf-Rentel       Description (Statest)         Traceme       Properties       A       B       C       Description (Statest)         Traceme       Properties       A       B       C       Description (Statest)         Traceme       Properties       A       B       C       Description (Statest)         Statestraing       5       Addetestinations       Statestinations       E       Description (Statest)         C       Addetestinstatest       S       Addetestinations   |          | • •                |  |   |                   |                |         |         |              |                 |        |           |           |
| A       KURATPALLY HYDERABAD TELANGANA IN 500046         B       C         C       C         To       Type of Property<br>(from list boto)<br>per or list boto)<br>per or list boto<br>per or list   |          |                    |  |   |                   |                |         |         |              |                 |        | . [] `    | Yes 🗌 No  |
| B       Fair Rental       Personal Use Days   |          |                    |  |   |                   | e)             |         |         |              |                 |        |           |           |
| C       Type of Property       2       For exchange i read state property listed attraction in the action of fair of eld and the pays       Personal Use Days       Q/V         A       2       For exchange i read the number of fair of eld and the pays       A       365       0       0         A       2       A       365       0       0       0       0         C       Type of Property       1       A       365       0       0       0         Single Family Residence       3 Vocation Stort Flem Rentel 5 Land       7 Sdf-Rentel       2       0       0       0         Image family Residence       3 Vocation Stort Flem Rentel 5 Land       7 Sdf-Rentel       2       0   |          | KUKATPALL          | Y HYD  | ERABAD TELANGANA IN 5000  | )46               |                |         |         |              |                 |        |           |           |
| Type of Property<br>(ftm list)daw)         2         Franch Les desta property listed<br>provinties that many of the minist of the minist of the minist<br>provinties the ministry of the ministry of the ministry of the<br>provinties of the ministry of the ministry of the<br>provinties the ministry of the ministry of the<br>ministry of the ministry of the ministry of the<br>ministry of the<br>ministry of the ministry of the<br>ministry of the<br>min |          |                    |  |   |                   |                |         |         |              |                 |        |           |           |
| from isstbalow         above report the units of the result and person lacets of most the OV box of the instance of the overlaw of the over   |          | Ti in a off Door   | o ourba  |   |                   |                |         | Foi     | Dontol       | Dor             |        |           |           |
| Learning         percent iser days of the Curtox of th   | ai       |                    |  | 2 For each rental real estate property above report the number of failed and the number of fa | irren             | isted<br>al am |         |         |              | РЧ              |        |           | QV        |
| B  |          |                    | (VVD   | personal use days Check the   | Q V k             | ioxonly        | (       |         | -            |                 | Day.   |           |           |
| C         C         C         C           Type of Roparty.         Station/Short Tem Rentel 5 Land         7 Setif-Rentel           2 Multi-FamilyResidence         4 Commercial         6 Royaftes         8 Ofter (texcribe)           Income         Properties         A         B         C           3 Rentsreached         .         3         600.         -           4 Royaftesreached         .         3         600.         -           5 Advertisting         5         .         -         -           6 Autoard taxel (eeinstructors)         .         6         .         -           7 Desring and memore         7         1,050.         -         -           7 Rentsreache         9         .         -         -         -           9 Insurace         9         .         -         -         -         -           10 Legal and other professional fees         .         10         .         - <td></td> <td>_ Z</td> <td></td> <td>a diffedicint venture. See inst</td> <td>otilea<br/>In ctic</td> <td>isa<br/>Irs</td> <td></td> <td></td> <td>365</td> <td></td> <td></td> <td>0</td> <td></td>   |          | _ Z                |  | a diffedicint venture. See inst   | otilea<br>In ctic | isa<br>Irs     |         |         | 365          |                 |        | 0         |           |
| Type of Property.       1 Single Family Residence       3 Vecation Short Term Rental 5 Land       7 Self-Rental         1 Single Family Residence       4 Commercial       6 Royattes       8 Other (describes)         Income       Properties       A       B       C         3 Rentsreacived       3 600.       4   |          | +                  |  |   |                   |                |         |         |              |                 |        |           |           |
| 1 Single Family Residence       3 Vacation/Short-Tem Rental       5 Land       7 Self-Rental         2MUIt-Family/Residence       4 Commercial       6 Roycites       8 Other (searche)         3 Reintsreached       3       600.   |          | f Property         |  |   |                   |                | C       |         |              |                 |        |           |           |
| $\begin{array}{c c c c c c c c c c c c c c c c c c c $   |          |                    | hm   | 3 Verstion Short Tam Panta  | 512               | m              |         | 7 Sdf   | Dontal       |                 |        |           |           |
| Income       Properties       A       B       C         3       Rentsreadwed       3       600,          4       Royaftesreadwed       4           Expenses       5  | -        |                    |  |   |                   |                |         |         |              |                 |        |           |           |
| 3       Rentsreceived       3       600.         4       Royafites received       4         Expenses       5       4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.  |          |                    | 100  |   |                   |                |         |         |              |                 |        |           | C         |
| 4       Royalties received       4         Expenses       5         5       Advard taxel (see instructions)       6         7       1,050.         8       7         9       10         10       1,050.         11       1,050.         12       10         13       11         14       1,500.         15       1,500.         16       11         17       2,500.         18       14         19       14         10       11         10       11         11       1,500.         12       13         14       1,500.         15       1,500.         16       17         17       2,500.         18       19         19       01rr (list) ▶         20       7,600.         21       -7,000.         22       10         23       12         24       -7,000.         25       12         26       7,600.         27       12         <   |          |                    | 1  | •   | 3                 |                |         | 600     |              | ,               |        |           | 0         |
| Expanses       5       5         6       Auto and taxel (see instructions)       5         6       Auto and taxel (see instructions)       6         7       1,050       7         8       9       7         9       9       9         10       10       11         11       1,050       12         12       11       1,050         13       0ther interest       12         13       14       1,500         14       1,500       15         15       1,500       16         16       11       10         17       2,500       18         19       0ther (list) ▶       19         20       7,600       22         21       -7,000       23         22       7,000       23         23       600       23         24       100       12         25       100       12         26       7,000       12         27       7,600       23         28       600       24         29       100       23         <  |          |                    |  |   |                   |                |         |         |              |                 |        |           |           |
| 5       Advertising       5       6         6       Aubord taxel (excinstructions)       7       1,050.         7       Operating and maintenance       7       1,050.         8       9       9       9         9       10       Legal and other professional flees       10         11       Management flees       11       1,050.       11         12       11       1,050.       12       11         13       0ther interest       13       12       11         14       1,500.       12       12       12       12         13       0ther interest       13       14       1,500.       14       1,500.       15       1,500.       16       16       16       16       16       17       2,500.       18       19       17       2,500.       18       19       17       20       7,600.       12       17       17,000.       12       10<  |          |                    |  | <u> </u>  | · ·               |                |         |         |              |                 |        |           |           |
| 6       Aubard taxel (æeinstructions)       6  | •        |                    |  |   | 5                 |                |         |         |              |                 |        |           |           |
| 7Clearing and maintenance71,050.8Commissions8919110Legal and other professional fiess1011Management fiess1012111311141,500.1515172,500.1812191410151015111,500.12141315141,500.151,500.1612172,500.181920Total expanse Addlines 5 through 19.21-7,000.227,000.23Subtract line 20 from line 3 (tents) and the 4 trail royal typeparties242525Total of all amounts reported on line 4 for all royal typeparties242825Losses Add royal tylexes from line 20 for all properties261627, 600.28100.29100.20100.20100.21-7,000.22100.23100.24100.25100.26100.27100.28100.29100.20100.20100.21100.22100.23100.24100.   |          | -                  |  |   |                   |                |         |         |              |                 |        |           |           |
| 8       Commissions       8  |          |                    | •  |   |                   |                | 1.      | 050.    |              |                 |        |           |           |
| 9       Insurace       9   |          |                    |  |   |                   |                |         |         |              |                 |        |           |           |
| 10       Legal and other professional fiess  |          |                    |  |   | 9                 |                |         |         |              |                 |        |           |           |
| 12       Mortgoge interest paid to barks, etc. (see instructions)       12       13         13       Other interest       13       14       1,500.         14       1,500.       15       1,500.       15         15       1,500.       15       1,500.       16         16       15       1,500.       16       16         17       14       1,500.       16       16         18       16       17       2,500.       18         19       0her (ist) ▶       19       20       7,600.       18         20       Total express Additines 5 through 19.       19       20       7,600.       17         21       Subtract line 20 firm line 3 (rents) and/or 4 (royaties). If results a (oss) see instructions to find cut if younust file Form 6/98       21       -7,000.       12       12       -7,000.       12       12       -7,000.       12       12       -7,000.       12       12       -7,000.       12       12       -7,000.       12       12       -7,000.       12       12       -7,000.       12       12       12       -7,000.       12       12       12       12       12       12       12       12       12       12 <td></td> <td></td> <td></td> <td></td> <td>10</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |          |                    |  |   | 10                |                |         |         |              |                 |        |           |           |
| 13       Other interest       13       14       1,500.         14       Repairs       14       1,500.       15         15       1,500.       15       1,500.       16         16       17       17       2,500.       17       2,500.       17         18       Deprediation expanse or depletion       18       19       19       19       10         20       Total expenses Addilines 5 through 19.       20       7,600.       21       Subtract line 20 from line 3 (rents) and/or 4 (roy dries) If result is a (ross) see instructions to find cut if you must file Form 6198       21       -7,000.       11       12       12       13       14       1,000.       11   | 11       | Management         | ÈCES .   |   | 11                |                | 1,      | 050.    |              |                 |        |           |           |
| 14       Repairs       14       1,500.         15       Supplies       15       1,500.         16       Taxes       16   | 12       | Montoppe inter     | estpai   | d tobanks, etc. (see instructions)  | 12                |                |         |         |              |                 |        |           |           |
| 15       Supplies       15       1,500.         16       Taxes       16       16         17       2,500.       16         18       17       2,500.         19       19       19         20       Total expenses Addlines 5 through 19       20       7,600.         21       Subtract line 20 from line 3 (rents) and/or 4 (royattes) If result is a (ross) see instructions to find out if younust fileForm 6198       21       -7,000.         22       Deductible ental real estate loss after limitation if any on Form 8882 (see instructions)       22       7,000.       (       (         23a       Total of all amounts reported on line 3 for all rental properties       23a       600.       (       (       (         24       Total of all amounts reported on line 12 for all properties       23a       600.       (       )   | 13       | Otherinterest      |  |   | 13                |                |         |         |              |                 |        |           |           |
| 16       Takes       16       17       2,500.         17       Utilities       17       2,500.       18         19       Other (ist) ►       19       19       19         20       Total expenses Addlines 5 through 19       20       7,600.       18         21       Subtract line 20 from line 3 (rents) and/or 4 (royatiles) If results a (loss) see instructions to find out if yournust file Form 6198       21       -7,000.         22       C       7,000.       22       (7,000.) (       (         23       Total of all amounts reported on line 3 for all rental properties       23a       600.         23       Total of all amounts reported on line 3 for all rental properties       23a       600.         24       Total of all amounts reported on line 3 for all properties       23a       600.         23       Total of all amounts reported on line 3 for all properties       23a       600.         24       Total of all amounts reported on line 12 for all properties       23a       600.         24       Total of all amounts reported on line 20 for all properties       23a       7,600.         25       Losses Addroyaty losses from line 20 for all properties       23a       7,600.         24       Losses Addroyaty losses from line 21 and rental real estate los  | 14       | Repairs            |  |   | 14                |                | 1,      | 500.    |              |                 |        |           |           |
| 17       Utilities.       17       2,500.         18       Deprediation expense or depletion       18         19       Other (ist) ▶       19         20       Total expenses Addlines 5 through 19  | 15       | Supplies           |  |   | 15                |                | 1,      | 500.    |              |                 |        |           |           |
| 18       Deprediation expenses or depletion       18         19       Other (ist) ▶       19         20       Total expenses Addilines 5 through 19       20       7,600         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties) If result is a (ross), see instructions to find out if you must fileForm 6198       21       -7,000         22       Deductible rental real estate loss after limitation if any, on Form 8552 (see instructions)       22       (7,000.)       (       )         23a       Total of all amounts reported on line 3 for all rental properties       23a       600.       )       (       )         24       Total of all amounts reported on line 4 for all royalty properties       23a       600.       )       )       (       )         25       Losses Addiroyalty losses from line 21 and rental real estate losses from line 22. Donot indude any losses       24       25       (       7,000.)         26       Total oral rental real estate and royalty income or (loss). Combine lines 24and 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 (from 1040), line 5. Otherwise, induce this amount in the total online 41 on page 2.       26       -7,000.   | 16       | Taxes              |  |   | 16                |                |         |         |              |                 |        |           |           |
| 19       Other (ist) ▶       19         20       Total expenses Add lines 5 through 19       20       7,600.         21       Subtract line 20 from line 3 (rents) and/or 4 (royatiles). If result is a (ross), 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 8552 (see instructions)       22       (7,000.) (       (         23a       Total of all amounts reported on line 3 for all rental properties       23a       600.       (       )         24       Total of all amounts reported on line 12 for all properties       23a       600.       (       )         25       Total of all amounts reported on line 12 for all properties       23a       7,600.       24         25       Losses Add royalty losses from line 20 for all properties       23a       7,600.       24         26       Total rental real estate and royalty income or (ross). 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 1040), line 5. Otherwise, induce this amount in the total online 41 on page 2.       26       -7,000.  | 17       | Utilities          |  |   | 17                |                | 2,      | 500.    |              |                 |        |           |           |
| 20       Total express Addlines 5 through 19       20       7,600.         21       Subtract line 20 from line 3 (rents) and/or 4 (royaties). If result is a (ross), see instructions to find out if yournust file Form 6198       21       -7,000.         22       Deductible rental real estate loss after limitation if any, on Form 8552 (see instructions)       22       (7,000.)       (       )         23a       Total of all amounts reported on line 3 for all rental properties       23a       600.       )       (       )         24a       Total of all amounts reported on line 3 for all rental properties       23a       600.       )       (       )         25       Total of all amounts reported on line 12 for all properties       23a       7,600.       24         24       Zate       Total of all amounts reported on line 20 for all properties       23a       7,600.         24       Zate       Zate       Zate       7,600.       24         25       Losses Addroyaltylosses 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 (coss). 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 1040), line 5 Otherwise, indude this amount in the total online 41 on page 2.       26 </td <td>18</td> <td>•</td> <td>xpense</td> <td>eardepletion</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  | 18       | •                  | xpense   | eardepletion  |                   |                |         |         |              |                 |        |           |           |
| 21       Subtractine 20from line 3(rents) and/or 4 (royalties). If resultisa (loss), see instructions to find outifyournust fileForm 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.       (       (         24       Total of all amounts reported on line 12 for all properties       23a       7,600.       23a       7,600.         25       Total of all amounts reported on line 12 for all properties       23a       7,600.       23a         24       Total of all amounts reported on line 20for all properties       23a       7,600.       23a         26       Total of all amounts reported on line 20for all properties       23a       7,600.       23a         25       Losses Add positive amounts shown on line 21. Do not indude any losses       24       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 1040), line 5. Otherwise, include this amount in the total online 41 on page 2.       26       -7,000.  | 19       | • • •              |  |   |                   |                |         |         |              |                 |        |           |           |
| resultisa (css) see instructions to find out if you must<br>file Form 6198   | 20       | Total expense      | s Add  | lines5through19   | 20                |                | 7,      | 600.    |              |                 |        |           |           |
| fileForm 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.       )       (       )         24       Total of all amounts reported on line 12 for all properties       23a       600.       )       )         c       Total of all amounts reported on line 12 for all properties       23a       600.       )         c       Total of all amounts reported on line 12 for all properties       23a       )       .         c       Total of all amounts reported on line 12 for all properties       23a       .       .         d       Total of all amounts reported on line 20 for all properties       .       .       .         e       Total of all amounts reported on line 20 for all properties       .       .       .         e       Total of all amounts reported on line 20 for all properties       .       .       .       .         e       Total of all amounts reported on line 21 and rental real estate losses from line 22.       .       .       .       .         24       Losses Addroyaltylosses from line 21 and rental real estate losses from line 22. <t< td=""><td>21</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>  | 21       |                    |  |   |                   |                |         |         |              |                 |        |           |           |
| 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.       (       )         23a       Total of all amounts reported on line 4 for all royalty properties       23a       600.       (       )         23a       Total of all amounts reported on line 4 for all royalty properties       23a       600.       (       )         c       Total of all amounts reported on line 12 for all properties       23a       (       7,600.         c       Total of all amounts reported on line 12 for all properties       23a       (       7,600.         c       Total of all amounts reported on line 20 for all properties       23a       23a       (         e       Total of all amounts reported on line 20 for all properties       23a       7,600.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24       25         25       Losses Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses hare.       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, IIII, IV, and line 40 on page 2 do not apply to y   |          |                    |  |   |                   |                | _       |         |              |                 |        |           |           |
| on Form 8552 (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       600.         c       Total of all amounts reported on line 12 for all properties       23b       23c         d       Total of all amounts reported on line 12 for all properties       23c       23c         d       Total of all amounts reported on line 12 for all properties       23c       23c         e       Total of all amounts reported on line 20 for all properties       23c       23c         e       Total of all amounts reported on line 20 for all properties       23c       23c         e       Total of all amounts reported on line 20 for all properties       23c       23c         e       Total of all amounts reported on line 20 for all properties       23c       24         24       25       Losses 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 cb n   |          |                    |  |   | 21                |                | -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       23c         c       Total of all amounts reported on line 12 for all properties       23c       23c         d       Total of all amounts reported on line 12 for all properties       23c       23c         d       Total of all amounts reported on line 18 for all properties       23c       23c         e       Total of all amounts reported on line 20 for all properties       23c       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 cb not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2.       26       -7,000.  | 22       |                    |  |   |                   |                |         |         |              |                 |        | ,         |           |
| 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 12 for all properties       23c         e       Total of all amounts reported on line 20 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 1040), line 5. Otherwise, include this amount in the total online 41 on page 2.       26       -7,000.  | ~~~      |                    |  |   |                   | (              | 7,0     |         |              |                 | )      | (         |           |
| 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       23d         e       Total of all amounts reported on line 20 for all properties       23d         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 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2.       26       -7,000.  |          |                    |  |   |                   | • •            | • •     |         |              | 6               | 00.    |           |           |
| 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 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2.       26       -7,000.  |          |                    |  |   |                   |                |         |         |              |                 |        |           |           |
| <ul> <li>e Total of all amounts reported on line 20 for all properties</li></ul>   |          |                    |  |   |                   |                |         |         |              |                 |        |           |           |
| 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 1040), line 5. Otherwise, include this amount in the total online 41 on page 2.       267,000.  |          |                    |  |   |                   |                |         |         |              | 7 6             |        |           |           |
| <ul> <li>25 Losses Add royalty losses from line 21 and rental real estate losses from line 22 Enter-total losses here.</li> <li>25 ( 7,000.)</li> <li>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 1040), line 5 Otherwise, include this amount in the total online 41 on page 2.</li> <li>26 -7,000.</li> </ul>   |          |                    |  |   |                   |                |         | ∠£      |              | 1,0             |        |           |           |
| 26Total rental real estate and royality income or (loss). Combine lines 24 and 25 Enter the result<br>here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on<br>Schedule 1 (Form 1040), line 5 Otherwise, include this amount in the total online 41 on page 226-7,000.  |          |                    | •  |   |                   |                |         | · ·     |              |                 |        | (         |           |
| here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on   |          |                    |  |   |                   |                |         |         |              |                 |        | (         | 1,000.    |
| Schedule 1 (Form 1040), line 5 Otherwise, include this amount in the total online 41 on page 2 26 -7,000.  | 26       |                    |  | 5 5 7   |                   |                |         |         |              |                 |        |           |           |
|  |          |                    |  |   |                   |                |         |         |              |                 | $\sim$ |           | -7 000    |
|  |          |                    |  |   |                   |                |         | III C4  |              |                 |        |           |           |

For Paperwork Reduction Act Notice, see the separate instructions

-7,000. Schedule E (Form 1040) 2021



Name(s) shown on return

## Education Orecits (American Opportunity and Lifetime Learning Orecits)

OMB No. 1545-0074

Attach to Form 1040or 1040SR.

► Go to www.irs.gov/Form8863for instructions and the latest information

Attachment Sequence No. 50 Your social security number

707-21-9621

1 2

RISHANTH K CHAVALI & SRI VASUDHA VALLI PASUMARTHI



Complete a separate Part III on page 2 for each student for whom you're daiming either oredit 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 F  | Partsl | II, line 30       | 1     |                 |
| 2      | Enter: \$180,000 if married filing jointly, \$90,000 if single, head of household, or qualifying widow(er)   | 2      |                   |       |                 |
| 3      | Enter the amount from Form 1040 or 1040 SR, line 11. If you're filing Form<br>2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for<br>the amount to enter | 3      |                   |       |                 |
| 4      | Subtract line 3 from line 2 If zero or less, stop, you can't take any education<br>area it   | 4      |                   |       |                 |
| 5      | Enter: \$2,000 if married filing jointly, \$1,0000 if single, head of household, or qualifying widow(ar)   | 5      |                   |       |                 |
| 6      | Ifline 4is   |        |                   |       |                 |
|        | • Equal to armore than line 5 enter 1.000 an line 6  |        |                   |       |                 |
|        | • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (ro<br>atleast three places)  |        | dto f             | 6     |                 |
| 7      | Multiply line 1 by line 6 Caution. If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable America                    |        |                   |       |                 |
|        | stipline 8 enter the amount from line 7 on line 9 and check this box   |        |                   | 7     |                 |
| 8      | Refundable American opportunity area it Multiply line 7 by 40% (040). Enter<br>an Farm 1040ar 1040SR, line 29. Then go to line 9 below.  |        |                   | 8     |                 |
| Part   |  |        |                   | 1 1   |                 |
| 9      | Subtract line 8 from line 7. Enter here and on line 2 of the Oredit Limit Workshee   | t (sæ  | instructions) .   | 9     |                 |
| 10     | After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -O 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     | Mutiplyline 11 by 20% (O20)  |        |                   | 12    | 1,471.          |
| 13     | Enter: \$180,000 if married filing jointly, \$90,000 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<br>2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for                         |        |                   |       |                 |
|        |  | 14     | 147,763.          |       |                 |
| 15     | Subtract line 14 from line 13 If zero or less, skip lines 16 and 17, enter -O on line 18 and go to line 19   | 15     | 32,237.           |       |                 |
| 16     | Enter: \$2000 if married filing jointly, \$10000 if single, head of household, or qualifying widow(er)   | 16     | 20,000.           |       |                 |
| 17     | Ifline 15is  |        |                   |       |                 |
|        | • Equal toormore 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 (rou  | nded   | to at least three |       |                 |
|        | places)  |        |                   | 17    | 1.000           |
| 18     | Multiplyline 12 byline 17. Enter here and an line 1 of the Oredit Limit Worksheet  |        |                   | 18    | 1,471.          |
| 19     | Norrefundable education credits. Enter the amount from line 7 of the Oredit<br>instructions) have and on Schedule 3 (Form 1040), line 3  |        |                   | 19    | 1,471.          |
| For Pa | perwork Reduction Act Notice, see your tax return instructions.  | AA     | REV 01/31/2       | 2 PRO | Form 8863(2021) |

| Form 8863 (202                   | 2)   |   | Page 2   |
|----------------------------------|--|---|--|
| Name(s) shown                    |  |   | Your social security number                        |
| RISHANTH                         | I K CHAVALI & SRI VASUDHA VALLI PASUMA   | RTHI  | 707-21-9621  |
|                                  | Camplete Part III for each student for whon<br>pportunity credit or lifetime learning credi<br>each student  |   |  |
| PartIII                          | Student and Educational Institution Information  | n Sæinstructions  |  |
| 20 Studer                        | ntname (æsthown on page 1 of your tax return)  | 21 Studentsocial security number  | r(asshownonpage1of                                 |
|                                  | VASUDHA VALLI  | your tax return)  |  |
|                                  | MARTHI   | 977-97-7  | 299  |
|                                  | ational institution information (see instructions)   |   |  |
|                                  | eoffirsteducational institution<br>JOSE STATE UNIVERSITY   | b. Name of second educational in  | Billion (il ary)                                   |
| (1) Add<br>pos<br>inst<br>1 WA   | tess Number and street (or P.O. box). City, town or<br>toffice, state, and ZIP code. If a foreign address, see<br>ructions<br>SHINGTON SQ  | (1) Address Number and street<br>post office, state, and ZIP oc<br>instructions |  |
| SAN                              | JOSE CA 95192  |   |  |
|                                  | the student receive Form 1098 T 🛛 Yes 🗌 No<br>In this institution for 2021?  | (2) Did the student receive Fam<br>from this institution for 2021               |  |
| fron                             | the student receive Form 1098:T<br>in this institution for 2020 with box 🗌 Yes 🛛 No<br>necked?   | (3) Did the student receive Fam<br>from this institution for 2020<br>7 checked? |  |
| if ya<br>dha                     | er the institution's employer identification number (EIN)<br>sure daiming the American opportunity areal tor if you<br>aked "Yes" in (2) or (3). You can get the EIN from Form<br>&Tor from the institution  | (EIN) if you re daiming the A   | ar (3). You can get the EIN                        |
|                                  | 77-0414438   |   |  |
| arealit                          | he Hope Scholarship Oreolit or American opporturity<br>: been daimed for this student for any 4 tax years<br>= 2021?   |   | No— Go toline 24                                   |
| acada<br>2021<br>Ieadir<br>other | the student enrolled at least half-time for at least one<br>mic period that began or is treated as having begun in<br>at an eligible educational institution in a program<br>og towards a postsecondary degræe, certificate, or<br>recognized postsecondary educational credential?<br>rstructions | X Yes— Gotoline 25  | ] No— Stop! Go to line 31<br>for this student      |
|                                  | re student complete the first 4 years of postsecondary<br>ation before 2021? See instructions  | Yes— Stop!<br>X Gotoline 31 for this student                                    | No- Go toline 26                                   |
| felon                            | the student convicted, before the end of 2021, of a<br>/ for possession or distribution of a controlled<br>ance?   |   | No-Complete lines 27<br>through 30for this student |
|                                  | ′oucan't take the American opportunity arealit and the li<br>ou complete lines 27 through 30 for this student, don't d   |   | udent in the same year. If                         |
| Amer                             | icanOpportunityCredit  |   |  |
| -                                | ted qualified education expenses (see instructions). Dor   |   | . 27   |
|                                  | act \$2,000 from line 27. If zero or less, enter -0  |   | . 28   |
|                                  | 0/yline 28by 25% (025)   |   | . 29   |
|                                  | 28 is zero, enter the amount from line 27. Otherwise, a<br>the result Skipline 31. Include the total of all amounts f  |   |  |
|                                  | me Learning Credit   |   |  |
| 31 Adjus                         | ted qualified education expenses (see instructions). Ind<br>e 31, on Part II, line 10  |   | . 31 7,356.  |
|                                  |  |   | Form 8863(2021)                                    |

| TAXABLE YEAR  |   | FORM  |
|---|---|---|
| 2021 California e-file Signature Authorization for Indi   | viduals   | 8879  |
| Yourname  | YourSSNorITIN   |   |
| RISHANTH K CHAVALI  | 707-21-9621   |   |
| SpauedsRDPs name  | Spales/RDPs SSN   | arITIN  |
| SRI VASUDHA VALLI PASUMARTHI  | 977-97-7299   |   |
| Part I TaxRetunInformation (while collason))  |   |   |
| 1 California adjusted gross income (AG). See instructions   | 1   | 147,763.  |
| 2 Amount You Ove Seeinstructions  |   |   |
| 3 Refundor No Amount Due Seeinstructions  | 3   | 2,225.  |
| Part II Taxpayer Declaration and Signature Authorization (Besure you dotain and keep a copy of your return)   |   |   |
| Under peraltes of perjury I dedare that I have a mined acopy of my individual income tax return and accompanying:<br>ending December 31, 2021, and to the best of my knowledge and belief, it is the correct, and complete I further dedare<br>dectroin creturn originator (ERO), transmitter, or intermedate service provider, including my name, abbes, and social<br>identification number (ITIN), and the amounts shown in Part I aco eagree with the information and amounts shown on<br>income tax return I flapplicable, I authorize an dectroin of functional of the amount of the assistant of the amounts shown on<br>income tax return I flapplicable, I authorize an dectroin of functional of the amount on II in the analysis of the amount of the assistant of the amount of the amoun | retratheinformation   p<br>securityrumber (SSN) of<br>htecorresponding lines<br>havpayments as shown<br>atchect deposit refund a<br>niment of the other spoce<br>ramitter, or intermedial<br>blayed, I authorize the F<br>dwassent. If I am filling<br>a diability and all applicable<br>of my dectronic income | rovided tomy<br>prindividual tax<br>ofmyelectronic<br>onmyretum<br>mount on line 3<br>sofregistared<br>eservice<br>TB todisclose<br>abdancedue<br>eintarestand<br>taxretum 1 have |
| Taxpayer's RN dreck one box only  | <b></b>   |   |
|   | entermyPIN 19   | 6 2 1   |
| ERO firm name   | Donate  | enterall zeros  |
| asmysigratureonmy 2021 effled California indvidual income tax return<br>I will entermy RN asmysigratureonmy 2021 effled California indvidual income tax return Check this box only<br>return is filed using the Rectificitient RN method. The ERO must complete Part III below  | rifyauareenteringyauro  | wnRNardyour   |
| Your signature  Date  Date  |   |   |
| Sparse SRDPSRN checkaneboxarly  |   |   |
|   | entermyPIN 7 7  | 2 9 9   |
| ERO firm name   | · · · · ·   | nteralizeros  |
| æmysignatureonmy 2021 e-filed California indvidual income taxraturn   |   |   |
| I will enter my RN as my signature on my 2021 effled California individual income tax return. Check this bo<br>and your return is filled using the Raditioner RN method. The ERO must complete Part III below.  | xolyifyaaeenteir  | ng yair avn PIN   |
| Sportes/RDPssignature ) Date )  |   |   |
| Practitioner PINMethod Returns Only-continue below  |   |   |
| Part III Certification and Authentication — Practitioner PIN Method Only  |   |   |
| ERO's Electronic Filer Identification Number (EFIN)/PIN.         Enteryour six-dgitEHNfollowed by your five dgitself-selected PIN         Donotember  | 8 6 1 9 8<br>ralizaros  | 9   |
| I certify that the above numericentry is my RN which is my signature for the 2021 California individual income taxine<br>confirm that I am submitting this return in accordance with the requirements of the Praditioner RN method and FTBF<br>effle Providers  | stunfor the taxpayer(s) ii<br>Rub 1345 2021 Handbo  | rdcatedatove I<br>ok for Authorized   |
| EROssignature ) Date )  | 3/2022  |   |

| TAXABLE YEAR   | FORM |
|--|------|
| 2021 California Resident Income Tax Return   | 540  |
| APE ATTACH FEDERAL RETU  | RN   |
| 707-21-9621 CHAV 977-97-7299 21<br>RISHANTH K CHAVALI<br>SRIVASUDHAV PASUMARTHI  |      |
| 1035 ASTER AVE     APT     1257       SUNNYVALE     CA     94086   |      |
| 08-15-1991 08-03-1994  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
| Enteryarcantyat time of filing (see instructions)  |      |
| 8       Isanta CLARA         6       Ifyaradtessatione is the smeasy arpinipal/physical residence addressation the time of filing theak this box   | ×    |
| <ul> <li>SANTA CLARA</li> <li>If your address above is the same as your principal/(thysical residence address at the time of filling dreck this box)</li> <li>If not, enter below your principal/(thysical residence address at the time of filling</li> <li>Street address (runber and street) (Ifforeign address, see instructions)</li> <li>Apt no ste no</li> <li>Apt no ste no</li> </ul>   |      |
| Image: Construction of the second street     (If foreign address, see instructions)     Apt no ste no  | ]    |
|  |      |
| City     State     ZIP code       Image: City     Image: City     Image: City  |      |
| If your California filling status is different from your feeteral filling status, check the box here   |      |
| 1 Singe 4 Hædofhouæhdd (withqualifyingpæson). Sæinstructions   |      |
| 1       Single       4       Headofhousehold (with qualifying preson). See instructions         0       2       X       Married/RDP filing jointly See inst       5       Qualifying wide/(er). Enteryear spouse/RDP ded         0       2       X       Married/RDP filing jointly See inst       5       Qualifying wide/(er). Enteryear spouse/RDP ded         0       2       X       Married/RDP filing jointly See inst       5       Qualifying wide/(er). Enteryear spouse/RDP ded         0       See instructions       See instructions |      |
| E Seeinstructions  |      |
| 3 Married RDP filing separately Enterspouses RDPs SSN or ITIN above and full name have   |      |

|     | Forline7, line8, line9, and line10MU tiply therumber you enter in the box by the pre-printed dollar amount for that line | Wholeoblarsonly |
|-----|--|-----------------|
| μ   | 7 Personal: If you checked box 1, 3 or 4 above, enter 1 in the box. If you checked                                       | widewiasory     |
| ţ   | box 20r5 enter 2 in the box I fyour drecked the box on line 6 see instructions (07) 2 X \$129=(0) \$                     | 258             |
| dur | 8 Bind Ifyou (or your spouse/RDP) arevisually impaired enter 1;<br>if both arevisually impaired enter 2                  |                 |
| Ш   |  |                 |
|     | 9 Serior: Ifyou (or your spouse RDP) are 65 or doler; enter 1;<br>if both are 65 or doler; enter 2 See instructions      |                 |

L

| Yourr      | name          | CHAVAL                          | I  | YourSSNor                           | TIN             | 707-21-       | 9621                                  |               |                  |     |
|------------|---------------|---------------------------------|--|-------------------------------------|-----------------|---------------|---------------------------------------|---------------|------------------|-----|
| 1C         | ) Depe        | ndents Don                      | otindudeyauselfa   | ryarspase/RDF                       |                 |               |                                       |               |                  |     |
|            | Fir           | stName ()                       | Dependent 1  |                                     | Deper           | obnt2         |                                       |               | Dependent3       |     |
|            |               | Ū,                              |  |                                     |                 |               |                                       |               |                  |     |
| s          | La            | stName ()                       |  | (                                   |                 |               |                                       |               |                  |     |
| Exemptions |               | N Sæ<br>studions                |  |                                     |                 |               |                                       | •             |                  |     |
| Ш<br>Ш     | rel           | pendents<br>ationship ()<br>you |  |                                     |                 |               |                                       |               |                  |     |
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| ,, ,       |               | 2 Good an                       | <u> </u>   |                                     | <b>.</b>        | a             |                                       | - IT          |                  |     |
|            | Side          | 2 Form 54                       | 02021  | 175                                 | 31C             | 2214          |                                       |               | REV 01/24/22 PRO |     |

| Ya                   | rnar     | me CHAN                                    | VALI  |                             | YourSSNorITIN  | 707-21-962                   | 1                       |                |     |      |                   |
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| Ŋ                    | 45       | Todaimmo                                   | retrantwoored   | ts Sæinstr                  | uctions AttachSchedu   | eP(540)                      | • • • •                 | 45             |     |      | .@                |
| Special Orectits     | 46       | Nonefunda                                  | deRenter's Cred   | lt Sæinstru                 | uctions  |                              | • • • •                 | 46             |     |      | .@                |
|                      | 47       | Addline4D                                  | throughline 46  | These are yo                | urtotal credits  |                              |                         | 47             |     |      | .@                |
| <u>у</u>             | 48       | Subtractline                               | e47fromlineæ  | lflesstran                  | izero, enter-0   |                              |                         | 48             |     | 6595 | .@                |
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| axes                 | 62       | Mental Heal <sup>.</sup>                   | thServicesTax S   | Seeinstructio               | ЭЛБЭЛС   |                              | •                       | 62             |     |      | . @               |
| Other Taxes          | 63       | Othertaxes                                 | andoredtrecept  | ure Sæins                   | tuctions   |                              | • • • • •               | 63             |     |      | .@                |
| Q                    | 64       | ExcessAdle                                 | næPremiumAs   | sistenceSul                 | osidy (APAS) repaymen  | t Sæinstructions             | •••••                   | 64             |     |      | . @               |
|                      | 65       | Addline48                                  | line61, line62, l                                       | ire63ardl                   | line64 Thisisyar tota  | l tax                        | •••••                   | 65             |     | 6595 | . @               |
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|                      |          |  |   |                             | æinstructions  |                              |                         |                |     |      | . @               |
| ants                 |          | _  |   |                             | uctions  |                              |                         |                |     | 266  | .@                |
| Payments             |          |  |   |                             |  |                              |                         |                |     |      | .@                |
| ш                    |          |  |   | ŗ                           |  |                              |                         |                |     |      |                   |
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|                      |          |  |   | -                           | Sæinstructions<br>ur total payments  |                              | • • • • •               | 77             | [   |      | . @               |
|                      |          | Sæinstrud                                  |   |                             |  |                              |                         | 78             |     | 8820 | . @               |
| UseTax               | 91       |  | onotleaveblark<br>ærg checkif:                          |                             | ions   |                              | ruætaxdd                | iqation        | 0.0 |      |                   |
| ISR<br>Penalty       | 92       | Sæinstrud<br>Ifyauddru                     | ions Medicare F<br>otcheck thebox,                      | ertAorCoc<br>sæinstructi    | realthcarecourage ch<br>xerageisqualifyingher<br>ions<br>analty Seeinstructions. | lthcarecoverage .            | ••••                    | ×              | .@  |      |                   |
| Overpaid Tax/Tax Due | 94<br>95 | Use Taxbal<br>Payments at<br>subtract line | ance Iflire91 is<br>Ter Indvidual Sn<br>292 from lire93 | smore than l<br>ared Respon | nline91, subtactline9<br>line78 subtactline78<br>sibilityPendty Ifline9          | Sfonlire91<br>Bismaethanlire | ····· •<br>92<br>···· • | 93<br>94<br>95 |     | 8820 | . 0<br>. 0<br>. 0 |
| Over                 | 96       |  |   |                             | Blance Ifline 92 ismo  |                              |                         | 96             |     |      | . @               |

| Yourname | CHAVALI | YarSSNorITIN | 707-21-9621 |  |
|----------|---------|--------------|-------------|--|
|          |         |              |             |  |

|   | 97 Overpeidtax Ifline Sismore than line 65 subtract line 65 from line 95 | 97  | 2225 . @ |
|---|--|-----|----------|
|   | 98 Amantofline 97 you want applied to your 2022 estimated tax            | 98  |          |
| _ | 99 Overpaid taxavailade this year. Subtract line 98 from line 97         | 99  |          |
|   | 100 Taxcle Ifline 95 isless than line 65 subtract line 95 from line 65   | 100 |          |

|     |  | e <u>Amoun</u> t |   |
|-----|--|------------------|---|
|     | California Seniors Special Fund Seeinstructions                              |                  | Ø |
|     | Alzheimer's Disesse and Related Dementia Voluntary Tax Contribution Fund     |                  | Ø |
|     | Rareand Endangered Species Preservation Voluntary Tax Contribution Program   | 3                | 0 |
|     | California Breast Cancer Research Voluntary Tax Contribution Fund            | 5                | Ø |
|     | California Firefighters Memorial Voluntary Tax Contribution Fund             | 5                | Ø |
|     | Emergency Food for Families Voluntary Tax Contribution Fund                  | 7                | Ø |
|     | California Peace Office: Memorial Foundation Voluntary Tax Contribution Fund | 3                | Ø |
|     | CaliforniaSeaOtterVduntaryTaxContributionFund                                |                  | Ø |
|     | California Cancer Research Voluntary Tax Contribution Fund                   | 3                | Ø |
|     | School Supplies for Homdess Children Voluntary Tax Contribution Fund         | 2                | Ø |
|     | State Parks Protection Fund Parks Pass Purchase                              | 3                | 0 |
|     | Protect Our Caast and Oceans Voluntary Tax Contribution Fund                 | 4                | 0 |
|     | KeepArtsinSchoolsVoluntaryTaxContributionFund                                | 5                | 0 |
|     | Prevention of Animal Homdessness and Quelty Voluntary Tax Contribution Fund  |                  | 0 |
|     | California Senior Citizen Advocacy Voluntary Tax Contribution Fund           | 3                | 0 |
|     | NativeCaliforniaWildifeRenabilitationVduntaryTaxContributionFund             |                  | Ø |
|     | RapeKitBacklogVduntaryTaxContributionFund                                    |                  | 0 |
|     | Schools Not Prisons Voluntary Tax Contribution Fund                          | 3                | 0 |
|     | Suicide Prevention Voluntary Tax Contribution Fund                           | 4                | Ø |
|     | Mental Health Crisis Prevention Voluntary Tax Contribution Fund              | 5                |   |
|     | California Community and Neighborhood Tiree Voluntary Tax Contribution Fund  | 5                | Ø |
| 110 | ) Addaade 400 through cade 446 This is your total contribution               |                  | Ø |

Contributions

Γ

| Yarı                          | name                                | CHAVALI  | YourSSNorITIN   | 707-21-96         | 521                 |                  |                     |  |  |  |  |  |
|-------------------------------|-------------------------------------|--|---|-------------------|---------------------|------------------|---------------------|--|--|--|--|--|
| 1<br>Yau Owe                  | Mail                                | UNTYOUOVE Ifyoudbrothalear<br>to FRANCHSETAX BOARD, POE<br>Orline-Gotoffb.ca.gov/pay.forma   | BOX 942867, SACRAME   |                   | Γ                   | eirstu           | tions Do            | ondsændæsh<br>.@                         |  |  |  |  |
| Interestanc<br>Penaltics<br>L | 13 Urd<br>Cre                       | est, lateretumpenalties, and latepa<br>apayment of estimated tax<br>k thebox • FTB 5335 attack<br>amount olde Sæinstructions, Ende   | red $\bullet$ FIB5333   | Fattached         | • 113 [             |                  |                     | ۵<br>۵<br>۵                              |  |  |  |  |
| 1                             | 15 REF                              | NDORNDAVOUNT DUE Subtrac   | thes.mcfline11Qlin  | e112andline1      | 13fromline 99: Sæin | structic         | ns.                 |  |  |  |  |  |
|                               | Mail                                | to FRANCHSETAX BOARD, POBC   | X 942840 SACRAVEN   | 1002 9424001      | ଆ● 115              |                  |                     | 2225 .0                                  |  |  |  |  |
| Refund and Drect Deposit      | Sæi                                 | the information to authorized react depositor your refund in bone on two accounts. Do not attach a voided theok on a depositistip<br>structions. Have you verified the routing and account numbers? Use whole oblig sortly<br>the following amount of my refund (line 115) is authorized for direct deposition to the account shown below.<br>Type |   |                   |                     |                  |                     |  |  |  |  |  |
| קם                            |                                     | Coutingnumber X Creeking   | 116   |                   |                     |                  |                     |  |  |  |  |  |
| ਸ਼ੂ                           | 05                                  | 52001633 Savings   | 44603033337   | 2                 |                     |                  |                     | 2225 .a                                  |  |  |  |  |
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|                               |                                     | See the instructions to find out if you<br>exanke found in and tax booklets or or  |   |                   |                     | rantof           |                     | form and coards for 11?                  |  |  |  |  |
| tolocal                       | eFIB113<br>penditieso<br>correct, a | a new with a rate studies of<br>11 ENSP, Fractise TaxBard Privacy Notic<br>Sparjury I dedare that I have samined<br>indcomplete  | eonCollection Torequest   | risnotiæbymail, o | al 803380505andente | rföma<br>dtothek | xe948wr<br>xestofmy | renirstruded<br>/knowledge.andloelief, i |  |  |  |  |
|                               |                                     | • Youremail address Enterorty one  | email achress   |                   |                     | (                | ) Prefer            | red phane number                         |  |  |  |  |
| Cia                           |                                     |  |   |                   |                     |                  | <u> </u>            | 577391                                   |  |  |  |  |
| Sig<br>Her                    |                                     | Paidpreparer's signature (declaration  | Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) |                   |                     |                  |                     |  |  |  |  |  |
|                               |                                     | SYAM PRIYA RAM SA  | AGAR GUPTA TA   | ALLAM             |                     |                  |                     |  |  |  |  |  |
| Itisur<br>toforg<br>spous     | ра                                  | Firm's name (or yours, ifself-employed   | 0   |                   |                     |                  |                     | • PTIN                                   |  |  |  |  |
| RDPs                          | 5                                   | GLOBAL TAXES LLC   |   |                   |                     |                  |                     | P02082703                                |  |  |  |  |
| Jointt                        |                                     | Firm's address   |   |                   |                     |                  |                     | ● Firm's FEIN                            |  |  |  |  |
| retum<br>(See                 |                                     | 2530 PEBBLE CREEP  | GA 30043  | 1                 |                     |                  | 301017196           |  |  |  |  |  |
| instruc                       | ctions)                             | Doyouwant ballowanother pers   | en todsæs tris taxre  | tunwithus? Se     | e instructions      |                  | Yes X No            |  |  |  |  |  |
|                               |                                     | PrintThirdPartyDesignee'sName  |   |                   |                     | -<br>            | Telephone           | Number                                   |  |  |  |  |
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| E | $1 \cap 1 \cap$ | Pepartment of the Treasury—Internal Revenue Service                                   | (99) |
|---|-----------------|---|------|
| Ц | 1 CH            | Pepartmentof the Treasury-Internal Revenue Service<br>U.S. Individual Income Tax Retu | m    |

| OMB No 1545-0074 | IRS Use Only—Do notwrite or staple in this space |
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| Filing Statu  | s∏s         | Single 🛛 Married filingjointly 🛛  | Marri    | ed filing separate   | y (MFS              | ) 🗌 Head o               | fhue  | endd (HOH)        | Q          | alifying widow(er) (QW)                           |  |  |
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| Checkarly<br>arebox                                   | lfyc        | uchecked the MFS box, enter the r<br>conisa child but not your dependen | meof     |                      |                     |                          |       |                   |            |   |  |  |
| Yourfirstname   | eandmi      | iddleinitial  | Læstra   | ame                  |                     |                          |       |                   | Yourso     | ocial security number                             |  |  |
| RISHANT   | нк          |   | CHAV     | /ALI                 |                     |                          |       |                   | 707-       | 21-9621   |  |  |
| lfjantretum, s  | pares       | sfirstnameandmiddleinitial  | Læstra   | ame                  |                     |                          |       |                   | Spouse     | s social security number                          |  |  |
| SRI VAS   | JDHA        | VALLI   | PASU     | JMARTHI              |                     |                          |       |                   | 977-       | 97-7299   |  |  |
| Homeachress   | (rumbe      | rand street). If you have a P.O. box, see                               | instruct | ions                 |                     |                          |       | Apt no            | Preside    | ential Election Campaign                          |  |  |
| 1035 AS   | FER A       | AVE   |          |                      |                     |                          |       | 1257              |            | heckhereifyay aryar                               |  |  |
| City, town, ar  | costaffi    | œ. Ifyou have a foreign address, also oc                                | mpletes  | spaces below.        | Sta                 | nte                      | ZIP   | cade              |            | eiffilingjointly, want \$3<br>othisfund Checkinga |  |  |
| SUNNYVA   | LE          |   |          |                      | Cž                  | Α                        | 94    | 086               |            | low will not change                               |  |  |
| Fareigncountr   | yname       |   |          | Foreign province/sta | nte/cour            | nty                      | Fore  | eign postal code  | yarta      | xorrefund.  |  |  |
|   |             |   |          |                      |                     |                          |       |                   |            | Vou Spouse  |  |  |
| Atanytimed  | .ring 2     | 121, did you receive, sell, exchange,                                   | aroth    | awiædispæof          | anyfin              | ancial interes           | tinar | yvirtual currer   | cy?        | Yes X No  |  |  |
| Standard<br>Deduction                                 |             | eone can daim: 🗌 You as a de<br>Spouse i temizes on a separate retur    | •        | •                    |                     | •                        | t     |                   |            |   |  |  |
| Age/Blindnes  | s Yau       | 🗌 WerebornbeforeJanuary 2, 1  | 957 [    | Areblind S           | Sporte              | 🛛 🗌 Wæsb                 | anbe  | aforeJanuary2     | 2, 1957    | Isblind   |  |  |
| Dependent   | s (sæ       | instructions):  |          | (2) Social sea.      | rity                | (3) Relation             | ship  | (4) <b>√</b> ifq. | alifies fo | r (see instructions):                             |  |  |
| lfmære  | (1) Fi      | istrame Lastrame  |          | number               |                     | toyau                    |       | Child tax cre     | ælit       | Credit for other dependents                       |  |  |
| thanfour  |             |   |          |                      |                     |                          |       |                   |            |   |  |  |
| dependents,<br>see instruction                        | <u>Б</u> —— |   |          |                      |                     |                          |       |                   |            |   |  |  |
| andcheck  |             |   |          |                      |                     |                          |       |                   |            |   |  |  |
| here▶ _   |             |   |          |                      |                     |                          |       |                   |            |   |  |  |
|   | 1           | Wages, salaries, tips, etc. Attach I                                    | =am(s)   | W-2                  |                     |                          | •     |                   | 1          |   |  |  |
| Attach<br>Sch Bif                                     | ≨a          | · –   | 2a       |                      | bТ                  | b Taxable interest       |       | t                 |            |   |  |  |
| required.   | <u>:a</u>   |   | 3a       |                      | b Ordinarydividends |                          |       |                   | 3          |   |  |  |
|   | / 4a        | IRAdistributions  | 4a       |                      | bТ                  | <sup>-</sup> axable amo. | .nt.  |                   | 4          | -   |  |  |
|   | 5a          | Pensions and annuities  | 5a       | 8,014.               | bТ                  | axable amo.              | .nt.  | . ROLLOVE         | IR 5       | 0.  |  |  |
| Standard  | <b>6</b> a  | J   | 6a       |                      |                     | axable amo.              |       | <u>.</u>          | 6          |   |  |  |
| <ul> <li>Deduction for—</li> <li>Single or</li> </ul> | 7           | Capital gain or (loss). Attach Sche                                     | dUeDi    | ifrequired Ifrotr    | equirec             | l, check here            |       | ►                 | ] _ 7      |   |  |  |
| Married filing  | 8           | Other income from Schedule 1, lin                                       |          |                      |                     |                          |       |                   | 8          | ,   |  |  |
| separately,<br>\$12,550                               | 9           | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,                                     | and 8    | Thisisyour total i   | ncome               | )                        | • •   | 🕨                 |            | 9 147,763.  |  |  |
| • Married filing<br>jointly or                        | 10          | Adjustments to income from Sche   | dUe 1,   | line 26              |                     |                          |       |                   | 10         |   |  |  |
| Qualifying  | 11          | Subtractline 10 from line 9. This is                                    | syara    | ndjusted gross in    | come                |                          | •     | 🕨                 |            | 1 147,763.  |  |  |
| widow(er),<br>\$25,100                                | 12a         | Standard deduction or itemized  | deduc    | tions (from Sched    | ueA)                | 1                        | 2a    | 25,100            | ).         |   |  |  |
| • Head of   | b           | Charitable contributions if you take                                    | thesta   | ndard deduction (\$  | æinst               | ructions) 1              | 2b    | 600               |            |   |  |  |
| househdd,<br>\$18,800                                 | С           | Add lines 12a and 12b   |          |                      |                     |                          |       |                   | 12         | ≿ <u>25,700.</u>                                  |  |  |
| <ul> <li>Ifyouchecked<br/>anyboxunder</li> </ul>      | 13          | Qualified business income deduct  | ianfron  | n Farm 8995ar Fa     | rm 89               | ЭБА                      |       |                   | 1:         | 3   |  |  |
| Standard  | 14          | Add lines 12c and 13  |          |                      |                     |                          |       |                   | 14         |   |  |  |
| Deduction,<br>see instructions.                       | 15          | Taxable income. Subtract line 14  | fromlin  | ne 11. Ifzeroarle    | ss, ente            | э <b>г-О</b>             |       |                   | 15         | 5 122,063.  |  |  |
|   |             |   |          |                      |                     |                          |       |                   |            |   |  |  |
|   |             |   |          |                      |                     |                          |       |                   |            | -100  |  |  |

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

Form 1040(2021)

| Farm 1040(2021                               | I)                    |   |                         |                    |                    |              |       | Page 2                        |
|--|-----------------------|---|-------------------------|--------------------|--------------------|--------------|-------|-------------------------------|
|  | 16                    | Tax (see instructions). Check if any from Fo  | m(s): 1 🗌 88            | 14 2 4972          | 3                  |              | 16    | 18,351.                       |
|  | 17                    | Amount from Schedule 2 line 3   |                         |                    |                    |              | 17    |                               |
|  | 18                    | Add lines 16 and 17   |                         |                    |                    |              | 18    | 18,351.                       |
|  | 19                    | Nonefundable child tax area it ar area it fa  | other depende           | ents from Schedule | 8812               | . 7          | 19    |                               |
|  | 20                    | Amount from Schedule 3 line 8   | -                       |                    |                    |              | 20    | 1,471.                        |
|  | 21 Add lines 19and 20 |   |                         |                    |                    |              |       |                               |
|  | 22                    | Subtractline 21 from line 18 Ifzero or less   |                         |                    |                    |              | 22    | <u>    1,471.</u><br>16,880.  |
|  | 23                    | Other taxes, including self-employment ta   |                         |                    |                    |              | 23    | 0.                            |
|  | 24                    | Add lines 22 and 23 This is your total tax  |                         |                    |                    |              | 24    | 16,880.                       |
|  | 25                    | Federal income tax withheld from:   |                         |                    |                    |              |       |                               |
|  | а                     | Fam(s)W-2   |                         |                    | 25a 26,9           | 21.          |       |                               |
|  | b                     | Form(s) 1099  |                         |                    | 230                |              |       |                               |
|  | C                     | Otherfams (see instructions)  |                         |                    | 250                |              |       |                               |
|  | d                     | Add lines $2\pi \operatorname{traugh} 2\pi \ldots$  |                         |                    |                    |              | Ed    | 26,921.                       |
|  | 26                    | 2021 estimated tax payments and amount  |                         |                    |                    |              | 26    |                               |
| lfyouhavea <sup>L</sup><br>qualifying child, | 27a                   | Earned income credit (EIC)  |                         |                    | 27a                |              |       |                               |
| attach Sch EIC.                              | 2/4                   | Check here if you were born after Ja  |                         |                    |                    |              |       |                               |
|  |                       | January 2, 2004, and you satisfy all  | the other requ          | irements for       |                    |              |       |                               |
|  |                       | taxpayers who are at least age 18 to dain   | n <b>th</b> e EIC. Sæir | nstructions 🕨 🗌    |                    |              |       |                               |
|  | b                     | Nontaxable combat payelection   | . <b>27</b> 0           |                    |                    |              |       |                               |
|  | С                     | Prioryear (2019) earned income  | . 27c                   |                    |                    |              |       |                               |
|  | 28                    | Refundable child tax credition additional chil  | dtaxareditfran          | n Schedule 8812    | 28                 |              |       |                               |
|  | 29                    | American opportunity area lit from Form &   | 63, line 8              |                    | 29                 |              |       |                               |
|  | 30                    | Recovery rebate credit See instructions .   |                         |                    | 30 1,4             | 00.          |       |                               |
|  | 31                    | Amount from Schedule 3 line 15  |                         |                    | 31 1,2             | .94.         |       |                               |
|  | 32                    | Add lines 27a and 28 through 31. These a  | eyour total ot          | ner payments and   | refundable credits | 5 🕨 🔅        | 32    | 2,694.                        |
|  | 33                    | Add lines 25d, 26, and 32 These are your  | total payment:          | S                  |                    | ▶ :          | 33    | 29,615.                       |
| Refund                                       | 34                    | Ifline 33 is more than line 24 subtract line  | 24 from line 3          | 3 Thisis the amou  | ntyouoverpaid .    |              | 34    | 12,735.                       |
|  | 35a                   | Amount of line 34 you want refunded to y  | cu lfFarm 888           | Bisattached, che   | skhere ▶           | · 🗌 [ 3      | 5a    | 12,735.                       |
| Direct deposit?                              | ►b                    | Routing number 0 5 2 0 0 1 6  | <i>i</i> ngs            |                    |                    |              |       |                               |
| Seeinstructions                              | ►d                    |   |                         |                    |                    |              |       |                               |
|  | 36                    | Amount of line 34 you want applied to you   | r 2022 estimat          | ted tax 🕨          | 36                 |              |       |                               |
| Amount                                       | 37                    | Amountyou ove. Subtractline 33 from lin   | ne 24 For detai         | ilsonhow to pay, s | see instructions . | ▶ :          | 37    |                               |
| YouOwe                                       | 38                    | Estimated tax penalty (see instructions) .  |                         |                    | 38                 |              |       |                               |
| Third Party                                  | D                     | you want to allow another person to d   | scuss this retu         | un with the IRS?   | Sæ                 |              |       |                               |
| Designæ                                      |                       | structions  |                         |                    | 🕨 🗌 Yes. Com       | plete belo   | DVV.  | X No                          |
|  |                       | signed's  | Phone                   |                    |                    | lidentificat | tion_ |                               |
|  |                       |   | na 🕨                    |                    | number             | . ,          |       |                               |
| Sign   |                       | der penalties of perjury, I dedare that I have exam<br>ief, they are true, correct, and complete. Dedaratic |                         |                    |                    |              |       |                               |
| Here   |                       | 5   |                         | 1.3.7              |                    |              | •     | 5 6                           |
|  | , YC                  | ursignature   | Date                    | Yaraapation        |                    |              |       | youanIdentity<br>Lenterithere |
| Jantretum?                                   |                       |   |                         | SOFTWARE E         | INGINEER           | (sæ inst     |       |                               |
| Sæinstructions                               | Sp                    | ouees signature. If a joint return, both must sign  | Date                    | Spouse's cocupati  | ion                |              |       | yarspaæan                     |
| Keepacopyfor<br>yourrecords                  | <b>/</b>              |   |                         |                    |                    |              |       | tion PIN, enterithere         |
| jua ruarda                                   |                       |   |                         | HOME MAKER         |                    | (sæ inst     | .)    |                               |
|  |                       | anena (443)757-7391   | Email address           | RISHANTHKANA       | KADRI@GMAIL.COM    |              |       |                               |
| Paid   |                       | parer's name Preparer's sign  |                         |                    |                    | ΠN           |       | Checkif:                      |
| Preparer                                     | SYAM                  | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA   | A RAM SAGAR             | GUPTA TALLAM       | 02/08/2022 PC      | 208270       |       | Self-employed                 |
| UseOnly                                      |                       | m'sname► GLOBAL TAXES LLC   |                         |                    |                    | Phonem       | а (б  | 78)965-9522                   |
|  | Fin                   | m′sæddress⊳2530 Pebble Creek  | Ln Cummin               | g GA 30041         |                    | Firm'sE      | IN 🕨  | 30-1017196                    |
| Go to www.irsg                               | ov∕Far                | n104Dfarinstructions and the latest information   |                         | BAA                | REV 01/31/22 PRO   |              |       | Fam <b>1040</b> (2021)        |

| SCHE<br>(Form | EDULE 1<br>1040)   | Э   | C            | MB No 1545-0074 |                                   |                              |  |  |  |
|---------------|--|---|--------------|-----------------|-----------------------------------|------------------------------|--|--|--|
|               | entof the Treasury<br>Revenue Service  | ► Attach to Form 1040 1040-SR, or 1040-NR<br>► Go to www.irs.gov/Form1040for instructions and the late        |              |                 | A                                 | ittadhment<br>equence No. Ol |  |  |  |
|               | • •  | om 1040 1040-SR of 1040NR<br>VALI & SRI VASUDHA VALLI PASUMARTHI  |              |                 | social security number<br>21-9621 |                              |  |  |  |
|               |  | onal Income   |              | 101-21          |                                   | 21                           |  |  |  |
| 1             |  | unds, arealits, an offsets of state and local income taxe   | 2            |                 | 1                                 |                              |  |  |  |
| •             |  |   |              |                 | '<br>2a                           |                              |  |  |  |
|               | 2a Alimony received   2a     b Date of original divorce or separation agreement (see instructions) |   |              |                 |                                   |                              |  |  |  |
| 3             |  | come or (loss). Attach Schedule C   |              |                 | 3                                 |                              |  |  |  |
| 4             |  | or (losses). Attach Form 4797   |              |                 | 4                                 |                              |  |  |  |
| 5             | 0  | estate, royalties, partnerships, S corporations, tr   | usts, etc. A | Attach          | 5                                 | -7,000.                      |  |  |  |
| 6             | Farm incom   | eor (loss): Attach Schedule F   |              |                 | 6                                 |                              |  |  |  |
| 7             | Unemploym  | nentcompensation  |              |                 | 7                                 |                              |  |  |  |
| 8             | Otherincon   | ne l  |              |                 |                                   |                              |  |  |  |
| а             | Netoperatir  |   | ଥ୍ୟେ (       |                 |                                   |                              |  |  |  |
| b             | Gamblingin   | rcome   | <b>8</b> b   |                 |                                   |                              |  |  |  |
| С             | Cancellation   | nofdebt   | 38           |                 |                                   |                              |  |  |  |
| d             | Fareigneen   | red income exclusion from Form 2005   | 81 (         | )               |                                   |                              |  |  |  |
| е             | Taxable He   | althSavingsAccount distribution   | æ            |                 |                                   |                              |  |  |  |
| f             | Alaska Pern  | namentFund dividends  | F            |                 |                                   |                              |  |  |  |
| g             | Jurydutypa   | ay  | හු           |                 |                                   |                              |  |  |  |
| h             | Prizesanda   | awards  | 8h           |                 |                                   |                              |  |  |  |
| i             | Activity not   | engeged in for profit income  | 8            |                 |                                   |                              |  |  |  |
| j             |  | an  | 8            |                 |                                   |                              |  |  |  |
| k             | the rental fo  | n the rental of parsonal property if you engaged in<br>or profit but ware not in the business of renting such | 0.           |                 |                                   |                              |  |  |  |
|               |  | d Paralympic medals and USOC prize money (see   | 8k           |                 |                                   |                              |  |  |  |
| I             | ÷ .  |   | 8            |                 |                                   |                              |  |  |  |
| m             | Section 951  | (a) indusion (see instructions)   | 8n           |                 |                                   |                              |  |  |  |
| n             | Section 951  | A(a) indusion (see instructions)  | 8n           |                 |                                   |                              |  |  |  |
| 0             | Section 461  | () excess business loss adjustment.   | හ            |                 |                                   |                              |  |  |  |
| р             | Taxabledis   | tributions from an ABLE account (see instructions) .  | ආ            |                 |                                   |                              |  |  |  |
| Z             | Otherincon   | ne. List type and amount▶   | 82           |                 |                                   |                              |  |  |  |
| 9             | Total otheri   | income Addilines & through &  |              |                 | 9                                 |                              |  |  |  |
| 10            | Combine lir<br>1040NR, lir   | nes 1 through 7 and 9: Enter hare and on Form 10<br>ne 8  |              |                 | 10                                | -7,000.                      |  |  |  |

For Paperwork Reduction Act Notice, see your tax return instructions

Schedule 1 (Farm 1040) 2021

| Par | t II Adjustments to Income  |         |  |
|-----|---|---------|--|
| 11  | Educator expenses   | <br>11  |  |
| 12  | Certain business expenses of reservists, performing artists, and fee-basis govern<br>officials. Attach Form 2106  | 12      |  |
| 13  | Health savings account deduction Attach Form 8889   | <br>13  |  |
| 14  | Moving expenses for members of the Armed Forces Attach Form 3908  | <br>14  |  |
| 15  | Deductible part of self-employment tax. Attach Schedule SE  | <br>15  |  |
| 16  | Self-employed SEP, SIMPLE, and qualified plans  | <br>16  |  |
| 17  | Self-employed health insurance deduction  | <br>17  |  |
| 18  | Penaltyonearlywithdrawal of savings   | <br>18  |  |
| 19a | Aimonypaid  | <br>19a |  |
| b   | Recipient's SSN   |         |  |
| С   | Date of original divorce or separation agreement (see instructions) 🕨   |         |  |
| 20  |   | <br>20  |  |
| 21  | Student loan interest deduction   | <br>21  |  |
| 22  |   | <br>22  |  |
| 23  | Archer MSA deduction.   | <br>23  |  |
| 24  | Otheradjustments  |         |  |
| а   | Jury duty pay (see instructions)  |         |  |
| b   | Deductible expenses related to income reported on line 8k from<br>the rental of personal property engaged in for profit                                   |         |  |
| С   | Nontaxable amount of the value of Olympic and Paralympic<br>medals and USOC prize money reported on line 8  |         |  |
| 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  |         |  |
| g   | Contributions by certain chaptains to section 403(b) plans 24g  |         |  |
| h   | Attorney fees and court costs for actions involving certain unlawful discrimination daims (see instructions)  |         |  |
| 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 vidations |         |  |
| j   | Housing deduction from Form 2335  |         |  |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1         (Form 1041)       24k   |         |  |
| Z   | Otheracjustments List type and amount ▶24z  |         |  |
| 25  | Total other adjustments Add lines 24a through 24z   | <br>25  |  |
| 26  | Add lines 11 through 23 and 25 These are your adjustments to income.<br>here and on Form 1040or 1040SR, line 10 or Form 1040NR, line 10a                  | 26      |  |

### SCHEDULE 3 (Form 1040)

# Additional Credits and Payments

OMB No 1545-0074

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form 1040 for instructions and the latest information.

Attachment Sequence No CB

-

|       | (s) shown on Form 1040 1040-SR or 1040-NR<br>HANTH K CHAVALI & SRI VASUDHA VALLI PASUMARTHI |              | Yourso<br>707-2 |        | ecurity number        |
|-------|---|--------------|-----------------|--------|-----------------------|
| Par   |   |              | 1,0,1           |        |                       |
| 1     | Foreign tax area it. Attach Form 1116 if required   |              |                 | 1      |                       |
| 2     | Orealit for child and dependent care expenses from Farm 244<br>Form 2441                    | Attach       | 2               |        |                       |
| З     | Education area its from Form 8863 line 19   |              |                 | З      | 1,471.                |
| 4     | Retirement savings contributions area it Attach Form 8880                                   |              |                 | 4      |                       |
| 5     | Residential energy arealitis Attach Farm 5695   |              |                 | 5      |                       |
| 6     | Other name fundable area its  |              |                 |        |                       |
| а     | General business credit Attach Form 3800  | ଯେ           |                 |        |                       |
| b     | Oredit for prior year minimum tax. Attach Form 8801   | රා           |                 |        |                       |
| С     | Adoption area it Atlach Form 8839   | 60           |                 |        |                       |
| d     | Oredit for the elderly or disabled. Attach Schedule R                                       | ପ୍ରେ         |                 |        |                       |
| е     | Alternative motor vehicle credit Attach Form 8910   | 6e           |                 |        |                       |
| f     | Qualified plug-in motor vehicle credit Attach Form 8936                                     | රි           |                 |        |                       |
| g     | Mangage interestated it Atlach Farm 8396  | රගු          |                 |        |                       |
| h     | District of Columbia first-time homebuyer area t Attach Form 8859                           | ധ്വ          |                 |        |                       |
| i     | Qualified dectric vehide credit Attach Form 8834  | 6            |                 |        |                       |
| j     | Alternative fuel vehicle refueling property credit Attach Form 8911                         | <i>6</i> j   |                 |        |                       |
| k     | Oredit to holders of tax aredit bands Attach Farm 8912                                      | 6k           |                 |        |                       |
| Ι     | Amount on Form 8978 line 14 See instructions  | 6            |                 |        |                       |
| Z     | Other namefundable area its List type and amount  | 62           |                 |        |                       |
| 7     | Total other nonrefundable credits Add lines & through &                                     |              |                 | 7      |                       |
| 8     | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040                              | )-SR, ar 10  | 40NR,           |        |                       |
|       | line 20   |              |                 | 8      | 1,471.                |
| EarDa | perwork Reduction Act Notice, see your tax return instructions.                             |              |                 |        | edonpage 2            |
| ru Pa | perwork Reduction Activolice, see your lax returnin Siruction S BAA                         | REV 01/31/22 | PRO             | scredi | le 3 (Form 1040) 2021 |

Sched

| Schedu | le 3 (Fam 1040) 2021   |      |    | Page∠  |
|--------|--|------|----|--------|
| Par    | t II Other Payments and Refundable Credits   |      |    |        |
| 9      | Netpremium 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     | Oredit for federal tax on fuels Attach Form 4136   |      | 12 |        |
| 13     | Other payments or refundable credits   |      |    |        |
| а      | 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 | 130  |    |        |
| С      | Health coverage tax credit from Form 8885  | 13c  |    |        |
| d      | Orealit for repayment of amounts included in income from earlier years   | 133  |    |        |
| е      | Reserved for future use  | 13e  |    |        |
| f      | Deferred amount of net 955 tax liability (see instructions)  | 137  |    |        |
| g      | Orealit for child and dependent care expenses from Form 2441,<br>line 10 Attach Form 2441                        | 13ე  |    |        |
| 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 ar refundable area its List type and amount   | 132  |    |        |
| 14     | Total other payments or refundable credits. Add lines 13a through  | n13z | 14 |        |
|        |  |      |    |        |

| line 31 |     |                  | 15 1,294.                   |
|---------|-----|------------------|-----------------------------|
|         | BAA | REV 01/31/22 PRO | Schedule 3 (Form 1040) 2021 |

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|--|----------|--------------------|---|---|-------------------|----------------|---------|---------|--------------|-----|--------|------------------|-----------------|--|
| New Production (P)         Contour (Normal)         Control (Normal)         Normal (Normal)           Resting 1000         Income of Lass Fran Ramel Rad Estata and Ray fits. Note If yours in teturines of intripper only mark to same frame of the second   | (Farm    | 1040)              | 9 (From rental real estate, royalities, partnerships, Scorporations, estates, trusts, REMICs, etc.) |   |                   |                |         |         |              |     | etc.)  |                  | $\gamma\gamma1$ |  |
| Internet.out_Study(\$)         ► Corbus/Weilsgu/Scheuke Eft instructors and the letest information         Your accel as Environment           RESERVENT         Your accel case from Barchil Real Extension and the letest information and the letest information and the letest information and the letest information and the letter informatin and the let   | Departme | entof the Trees rv |   | Attach to Form 1040   | 7 104             | )-SR, 10       | 40NR, d | or 1041 |              |     |        |                  |                 |  |
| RESIDENT K. CRUVALL & SRI VASUDIA. VALLI PASUMARTII         107-21-961           Part Income Loss From Rend Real Estale and Royal tes. Note thouare interaction from 4250 nppage 2 line 40         A Didyournele and Real Estale and Royal tes. Note thouare interaction from 4250 nppage 2 line 40           A Didyournele any segments in 221 frathout (fingule you of Ille Form(5) 1099? See instructors III (final 4250 nppage 3 line 40)         Image 3 line 3  |          |                    |   | ► Go to www.irs.gov/ScheduleE fo  | brins             | ructions       | sandthe | elatest | information. |     |        | Sequ             | enceNa 13       |  |
| Income of Loss From Rends Real Estate and Royal ties         Nute Hyuarean the Laires dreating parage proved yr. e. Stadue C. Sainstuctors if yourse in rotating income or loss from Rend #250 npps 2 line 40.           A Eddyoumkeery paymetis in 220 instructors if yourse into the firming 1099? Semistuctors  | Name(s)  | shownonreturn      |   |   |                   |                |         |         |              | Ya  | rsoci  | al securi        | tynumber        |  |
| Stetute: Seriestactors (Fouriers) (Superinter et al frame or loss frame from 45:50 rpage 2 line 40           A Ddycumke avgapments in 221 tratwork freques (and the frams) (SMP.         (Yes   All No.           Temperinter (Advacer et al (and the frams) (SMP.         (Yes   All No.           Temperinter (Advacer et al (and the frams) (SMP.         (Yes   All No.           Temperinter (Advacer et al (and the frams) (SMP.         (Yes   All No.           Temperinter (Advacer et al (and the frams) (SMP.         (Yes   All No.           A Bit (Yes (Advacer et al (and the frams) (SMP.         (Yes   All No.           A Bit (Yes (Advacer et al (Yes (Yes (Yes ) (Yes ) (Yes ) (Yes (Yes ) (Yes ) (Yes ) (Yes ) (Yes ) (Yes (Yes ) (Yes ) (Yes ) (Yes ) (Yes (Yes ) (Yes ) (Yes ) (Yes ) (Yes ) (Yes ) (Yes (Yes )   |          | -                  |   |   | ·                 |                |         |         |              |     |        |                  |                 |  |
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| B IF Viss' ddy.or.or.uli y.oufile engined forms) 10392   |          |                    |   |   |                   |                |         |         |              |     |        |                  |                 |  |
| 1a       Physical address of reach property (sitest dify series 2IP code)         A       KURATPALLY HYDERABAD TELANGANA IN 500046         B       C         C       Days       Days         B       C       Days       Days         C       Days       Days       Days       Days         B       Description (Statest)       A       365       0       Description (Statest)         C       Description (Statest)       C       Description (Statest)       C       Description (Statest)         C       Description (Statest)       C       C       Description (Statest)       Description (Statest)         Type of Property       Stratefamily Residence       3 Vacion/Strat-Tem Rentel 5 Land       7 Sdf-Rentel       Description (Statest)         Traceme       Properties       A       B       C       Description (Statest)         Traceme       Properties       A       B       C       Description (Statest)         Traceme       Properties       A       B       C       Description (Statest)         Statestraing       5       Addetestinations       Statestinations       E       Description (Statest)         C       Addetestinstatest       S       Addetestinations   |          | • •                |   |   |                   |                |         |         |              |     |        |                  |                 |  |
| A       KURATPALLY HYDERABAD TELANGANA IN 500046         B       C         C       C         To       Type of Property<br>(from list boto)<br>per or list boto)<br>per or list boto<br>per or list |          |                    |   |   |                   |                |         |         |              |     |        | . [] `           | Yes 🗌 No        |  |
| B       Fair Rental       Personal Use Days       Out         1b       Type of Property (from listbodw)       2       For each rent if real estate property listed above report the rube of fair real and above rube of the rube of fair real and above rube of the rube of fair real and above rube of the rube of fair real and above rube of the rube of fair real and above rube of the rube of fair real and above rube of the r  |          |                    |   |   |                   | e)             |         |         |              |     |        |                  |                 |  |
| C       Type of Property       2       For exchange inset explore property listed at the initial and the initinitial and the initial and the initial and the initia  |          | KUKATPALL          | Y HYD   | ERABAD TELANGANA IN 5000  | )46               |                |         |         |              |     |        |                  |                 |  |
| Type of Property<br>(ftm list)daw)         2         Franch Les desta property listed<br>provinties that many of the muther of the muther of the muther<br>provinties of the muther of the muther of the muther<br>provinties of the muther of the muther of the muther<br>of the muther of the muther of the muther of the muther<br>of the muther of the muther of the muther<br>of the muther of the muther of the muther<br>of the muther of the muther of the muther of the muther<br>of the muther of the muther of the muther of the muther<br>of the muther of the muther of the muther of the muther<br>of the muther of the muther of the muther of the muther<br>of the muther of the muther of the muther of the muther<br>of the muther of the muther of the muther of the muther<br>of the muther of the muther of the muther of the muther<br>of the muther of the muther of the muther of the muther<br>of the muther of the muther of the muther of the muther<br>of the muther of the muther of the muther of the muther<br>of the muther of the muther of the muther of the muther<br>of the muther of the muther of the muther of the muther<br>of the muther of the muther of the muther of the muther of the muther<br>of the muther of   |          |                    |   |   |                   |                |         |         |              |     |        |                  |                 |  |
| from isstbalow         above report the units of the result and person lacets of most the OV box of the instance of the overlaw of the over   |          | Ti in a off Door   | o ourba   |   |                   |                |         | Foi     | Dontol       | Dor |        |                  |                 |  |
| Learning         percent iser days of the CM tox only         A         365         0           B         involument the califormation time scients unlikes         A         365         0         Implementation controls           B         involument the califormation controls         B         Implementation controls         Implement  | ai       |                    |   | 2 For each rental real estate property above report the number of failed and the number of fa | irren             | isted<br>al am |         |         |              | РЧ  |        |                  | QV              |  |
| B  |          |                    | (VVD  | personal use days Check the   | Q V k             | ioxonly        | (       |         | -            |     | Day.   |                  |                 |  |
| C         C         C         C           Type of Roparty.         Station/Short Tem Rentel 5 Land         7 Setif-Rentel           2 Multi-FamilyResidence         4 Commercial         6 Royaftes         8 Ofter (texcribe)           Income         Properties         A         B         C           3 Rentsreached         .         3         600.         -           4 Royaftesreached         .         3         600.         -           5 Advertisting         .         .         .         .         .           6 Autoard taxel (eeinstructors)         .         .         .         .         .           7 Ocening and mainterance         .         .         .         .         .         .           9 Insurance         .         .         .         .         .         .         .           10 Legal and other professional fees         .         .         .         .         .         .           11 Maroggenetities         .         .         .         .         .         .         .         .           13 Other interest         .         .         .         .         .         .         .         .         .<  |          | _ Z                |   | a diffedicint venture. See inst   | otilea<br>In ctic | isa<br>Irs     |         |         | 365          |     |        | 0                |                 |  |
| Type of Property.       1 Single Family Residence       3 Vecation Short Term Rental 5 Land       7 Self-Rental         1 Single Family Residence       4 Commercial       6 Royattes       8 Other (describes)         Income       Properties       A       B       C         3 Rentsreacived  |          | +                  |   |   |                   |                |         |         |              |     |        |                  |                 |  |
| 1 Single Family Residence       3 Vacation/Short-Tem Rental       5 Land       7 Self-Rental         2MUIt-Family/Residence       4 Commercial       6 Roycites       8 Other (searche)         3 Reintsreached       3       600.   |          | f Property         |   |   |                   |                | C       |         |              |     |        |                  |                 |  |
| $\begin{array}{c c c c c c c c c c c c c c c c c c c $   |          |                    | hm  | 3 Verstion Short Tam Panta  | 512               | m              |         | 7 Sdf   | Dontal       |     |        |                  |                 |  |
| Income       Properties       A       B       C         3       Rentsreadwed       3       600,          4       Royaftesreadwed       4           Expenses       5  | -        |                    |   |   |                   |                |         |         |              |     |        |                  |                 |  |
| 3       Rentsreceived       3       600.         4       Royafites received       4         Expenses       5       4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.  |          |                    | 100   |   |                   |                |         |         |              |     |        |                  | C               |  |
| 4       Royalties received       4         Expenses       5         5       Advard taxel (see instructions)       6         7       1,050.         8       7         9       10         10       1,050.         11       1,050.         12       10         13       11         14       1,500.         15       1,500.         16       11         17       2,500.         18       14         19       14         10       11         10       11         11       1,500.         12       13         14       1,500.         15       1,500.         16       17         17       2,500.         18       19         19       01rr (list) ▶         20       7,600.         21       -7,000.         22       10         23       12         24       -7,000.         25       12         26       7,600.         27       12         <   |          |                    | 1   | •   | 3                 |                |         | 600     |              | ,   |        |                  | 0               |  |
| Expanses       5       5         6       Auto and taxel (see instructions)       5         6       Auto and taxel (see instructions)       6         7       1,050       7         8       9       7         9       9       9         10       10       11         11       1,050       12         12       11       1,050         13       0ther interest       12         13       14       1,500         14       1,500       15         15       1,500       16         16       11       10         17       2,500       18         19       0ther (list) ▶       19         20       7,600       22         21       -7,000       23         22       7,000       23         23       600       23         24       100       12         25       100       12         26       7,000       12         27       7,600       23         28       600       24         29       100       23         <  |          |                    |   |   |                   |                |         |         |              |     |        |                  |                 |  |
| 5       Advertising       5       6         6       Aubord taxel (excinstructions)       7       1,050.         7       Operating and maintenance       7       1,050.         8       9       9       9         9       10       Legal and other professional flees       10         11       Management flees       11       1,050.       11         12       11       1,050.       12       11         13       0Her interest       13       12       13         14       Repairs       14       1,500.       14         15       1,500.       16       14       1,500.       16         14       1,500.       18       16       16       16       17         18       19       20       7,600.       21       -7,000.       17       2,000.       12       16       16       17       20       17,000.       10  |          |                    |   | <u> </u>  | · ·               |                |         |         |              |     |        |                  |                 |  |
| 6       Aubard taxel (æeinstructions)       6  | •        |                    |   |   | 5                 |                |         |         |              |     |        |                  |                 |  |
| 7Clearing and maintenance71,050.8Commissions8919110Legal and other professional fiess1011Management fiess1012111311141,500.1515172,500.1812191410151015111,500.12141315141,500.151,500.1612172,500.181920Total expanse and address fraugh 19.21-7,000.227,000.23Total expanse and another expanse of adjust on the state loss after limitation if any on from 8882 (see instructions to find out if you must file Form 619823Total of all amounts reported on line 12 for all properties24252515264of all amounts reported on line 12 for all properties242825100.24100.25100.26101.27100.28100.29100.20101.20101.21100.22100.23101.242525101.26101.27100.28100.29100.<  |          | -                  |   |   |                   |                |         |         |              |     |        |                  |                 |  |
| 8       Commissions       8  |          |                    | •   |   |                   |                | 1.      | 050.    |              |     |        |                  |                 |  |
| 9       Insurace       9   |          |                    |   |   |                   |                |         |         |              |     |        |                  |                 |  |
| 10       Legal and other professional fiess  |          |                    |   |   | 9                 |                |         |         |              |     |        |                  |                 |  |
| 12       Mortgoge interest paid to barks, etc. (see instructions)       12       13         13       Other interest       13       14       1,500.         14       1,500.       15       1,500.       15         15       1,500.       15       1,500.       16         16       15       1,500.       16       16         17       14       1,500.       16       16         18       16       17       2,500.       18         19       0her (ist) ▶       19       20       7,600.       18         20       Total express Additines 5 through 19.       19       20       7,600.       17         21       Subtract line 20 firm line 3 (rents) and/or 4 (royaties). If results a (rens) see instructions to find cut if younust file Form 6/98       21       -7,000.       12       12       -7,000.       12       12       -7,000.       12       12       -7,000.       12       12       -7,000.       12       12       -7,000.       12       12       -7,000.       12       12       -7,000.       12       12       12       -7,000.       12       12       12       12       12       12       12       12       12       12 <td></td> <td></td> <td></td> <td></td> <td>10</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |          |                    |   |   | 10                |                |         |         |              |     |        |                  |                 |  |
| 13       Other interest       13       14       1,500.         14       Repairs       14       1,500.       15         15       1,500.       15       1,500.       16         16       17       17       2,500.       17       2,500.       17         18       Deprediation expanse or depletion       18       19       19       19       10         20       Total expenses Addilines 5 through 19.       20       7,600.       21       Subtract line 20 from line 3 (rents) and/or 4 (roy dries) If result is a (ross) see instructions to find cut if you must file Form 6198       21       -7,000.       11   | 11       | Management         | ÈCES .  |   | 11                |                | 1,      | 050.    |              |     |        |                  |                 |  |
| 14       Repairs       14       1,500.         15       Supplies       15       1,500.         16       Taxes       16   | 12       | Montoppe inter     | estpai  | d tobanks, etc. (see instructions)  | 12                |                |         |         |              |     |        |                  |                 |  |
| 15       Supplies       15       1,500.         16       Taxes       16       16         17       2,500.       16         18       17       2,500.         19       19       19         20       Total expenses Addlines 5 through 19       20       7,600.         21       Subtract line 20 from line 3 (rents) and/or 4 (royattes) If result is a (ross) see instructions to find out if younust fileForm 6198       21       -7,000.         22       Deductible ental real estate loss after limitation if any on Form 8882 (see instructions)       22       7,000.       (       (         23a       Total of all amounts reported on line 3 for all rental properties       23a       600.       (       (       (         24       Total of all amounts reported on line 12 for all properties       23a       600.       (       )   | 13       | Otherinterest      |   |   | 13                |                |         |         |              |     |        |                  |                 |  |
| 16       Takes       16       17       2,500.         17       Utilities       17       2,500.       18         19       Other (ist) ►       19       19       19         20       Total expenses Addlines 5 through 19       20       7,600.       18         21       Subtract line 20 from line 3 (rents) and/or 4 (royatiles) If results a (loss) see instructions to find out if yournust file Form 6198       21       -7,000.         22       C       7,000.       22       (7,000.) (       (         23       Total of all amounts reported on line 3 for all rental properties       23a       600.         23       Total of all amounts reported on line 3 for all rental properties       23a       600.         24       Total of all amounts reported on line 3 for all properties       23a       600.         23       Total of all amounts reported on line 3 for all properties       23a       600.         24       Total of all amounts reported on line 12 for all properties       23a       600.         24       Total of all amounts reported on line 20 for all properties       23a       7,600.         25       Losses Addroyaty losses from line 20 for all properties       23a       7,600.         24       Losses Addroyaty losses from line 21 and rental real estate los  | 14       | Repairs            |   |   | 14                |                | 1,      | 500.    |              |     |        |                  |                 |  |
| 17       Utilities.       17       2,500.         18       Deprediation expense or depletion       18         19       Other (ist) ▶       19         20       Total expenses Addlines 5 through 19  | 15       | Supplies           |   |   | 15                |                | 1,      | 500.    |              |     |        |                  |                 |  |
| 18       Deprediation expenses or depletion       18         19       Other (ist) ▶       19         20       Total expenses Addilines 5 through 19       20       7,600         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties) If result is a (ross), see instructions to find out if you must fileForm 6198       21       -7,000         22       Deductible rental real estate loss after limitation if any, on Form 8552 (see instructions)       22       (7,000.)       (       )         23a       Total of all amounts reported on line 3 for all rental properties       23a       600.       )       (       )         24       Total of all amounts reported on line 4 for all royalty properties       23a       600.       )       )       (       )         25       Losses Addiroyalty losses from line 21 and rental real estate losses from line 22. Donot indude any losses       24       25       (       7,000.)         26       Total oral rental real estate and royalty income or (loss). Combine lines 24and 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 (from 1040), line 5. Otherwise, induce this amount in the total online 41 on page 2.       26       -7,000.   | 16       | Taxes              |   |   | 16                |                |         |         |              |     |        |                  |                 |  |
| 19       Other (ist) ▶       19         20       Total expenses Add lines 5 through 19       20       7,600.         21       Subtract line 20 from line 3 (rents) and/or 4 (royatiles). If result is a (ross), 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 8552 (see instructions)       22       (7,000.) (       (         23a       Total of all amounts reported on line 3 for all rental properties       23a       600.       (       )         24       Total of all amounts reported on line 12 for all properties       23a       600.       (       )         25       Total of all amounts reported on line 12 for all properties       23a       7,600.       24         25       Losses Add royalty losses from line 20 for all properties       23a       7,600.       24         26       Total rental real estate and royalty income or (ross). 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 1040), line 5. Otherwise, induce this amount in the total online 41 on page 2.       26       -7,000.  | 17       | Utilities          |   |   | 17                |                | 2,      | 500.    |              |     |        |                  |                 |  |
| 20       Total express Addlines 5 through 19       20       7,600.         21       Subtract line 20 from line 3 (rents) and/or 4 (royaties). If result is a (ross), see instructions to find out if yournust file Form 6198       21       -7,000.         22       Deductible rental real estate loss after limitation if any, on Form 8552 (see instructions)       22       (7,000.)       (       )         23a       Total of all amounts reported on line 3 for all rental properties       23a       600.       )       (       )         24a       Total of all amounts reported on line 3 for all rental properties       23a       600.       )       (       )         25       Total of all amounts reported on line 12 for all properties       23a       7,600.       24         24       Zate       Total of all amounts reported on line 20 for all properties       23a       7,600.         24       Zate       Zate       Zate       7,600.       24         25       Losses Addroyaltylosses 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 (coss). 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 1040), line 5 Otherwise, indude this amount in the total online 41 on page 2.       26 </td <td>18</td> <td>•</td> <td>xpense</td> <td>eardepletion</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  | 18       | •                  | xpense  | eardepletion  |                   |                |         |         |              |     |        |                  |                 |  |
| 21       Subtractine 20from line 3(rents) and/or 4 (royalties). If resultisa (loss), see instructions to find outifyournust fileForm 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.       (       (         24       Total of all amounts reported on line 12 for all properties       23a       7,600.       23a       7,600.         25       Total of all amounts reported on line 12 for all properties       23a       7,600.       23a         24       Total of all amounts reported on line 20for all properties       23a       7,600.       23a         26       Total of all amounts reported on line 20for all properties       23a       7,600.       23a         25       Losses Add positive amounts shown on line 21. Do not indude any losses       24       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 1040), line 5. Otherwise, include this amount in the total online 41 on page 2.       26       -7,000.  | 19       | • • •              |   |   |                   |                |         |         |              |     |        |                  |                 |  |
| resultisa (css) see instructions to find out if you must<br>file Form 6198   | 20       | Total expense      | s Add   | lines5through19   | 20                |                | 7,      | 600.    |              |     |        |                  |                 |  |
| fileForm 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.       )       (       )         24       Total of all amounts reported on line 12 for all properties       23a       600.       )       )         c       Total of all amounts reported on line 12 for all properties       23a       600.       )         c       Total of all amounts reported on line 12 for all properties       23a       )       .         c       Total of all amounts reported on line 12 for all properties       23a       .       .       .         d       Total of all amounts reported on line 20 for all properties       .       .       .       .       .         e       Total of all amounts reported on line 20 for all properties       .       .       .       .       .       .       .         24       Income       Add positive amounts shown on line 21. Do not include any losses       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .   | 21       |                    |   |   |                   |                |         |         |              |     |        |                  |                 |  |
| 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.       (       )         23a       Total of all amounts reported on line 4 for all royalty properties       23a       600.       (       )         23a       Total of all amounts reported on line 4 for all royalty properties       23a       600.       (       )         c       Total of all amounts reported on line 12 for all properties       23a       (       7,600.         c       Total of all amounts reported on line 12 for all properties       23a       (       7,600.         c       Total of all amounts reported on line 20 for all properties       23a       23a       (         e       Total of all amounts reported on line 20 for all properties       23a       7,600.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24       25         25       Losses Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses hare.       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, IIII, IV, and line 40 on page 2 do not apply to y   |          |                    |   |   |                   |                | _       |         |              |     |        |                  |                 |  |
| on Form 8552 (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       600.         c       Total of all amounts reported on line 12 for all properties       23b       23c         d       Total of all amounts reported on line 12 for all properties       23c       23c         d       Total of all amounts reported on line 12 for all properties       23c       23c         e       Total of all amounts reported on line 20 for all properties       23c       23c         e       Total of all amounts reported on line 20 for all properties       23c       23c         e       Total of all amounts reported on line 20 for all properties       23c       23c         e       Total of all amounts reported on line 20 for all properties       23c       24         24       25       Losses 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 cb n   |          |                    |   |   | 21                |                | -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       23c         c       Total of all amounts reported on line 12 for all properties       23c       23c         d       Total of all amounts reported on line 12 for all properties       23c       23c         d       Total of all amounts reported on line 18 for all properties       23c       23c         e       Total of all amounts reported on line 20 for all properties       23c       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 cb not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2.       26       -7,000.  | 22       |                    |   |   |                   |                |         |         |              |     |        | ,                |                 |  |
| 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 12 for all properties       23c         e       Total of all amounts reported on line 20 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 1040), line 5. Otherwise, include this amount in the total online 41 on page 2.       26       -7,000.  | ~~~      |                    |   |   |                   | (              | 7,0     |         |              |     | )      | (                |                 |  |
| 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       23d         e       Total of all amounts reported on line 20 for all properties       23d         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 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2.       26       -7,000.  |          |                    |   |   |                   | • •            | • •     |         |              | 6   | 00.    |                  |                 |  |
| 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 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2.       26       -7,000.  |          |                    |   |   |                   |                |         |         |              |     |        |                  |                 |  |
| <ul> <li>e Total of all amounts reported on line 20 for all properties</li></ul>   |          |                    |   |   |                   |                |         |         |              |     |        |                  |                 |  |
| 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 1040), line 5. Otherwise, include this amount in the total online 41 on page 2.       267,000.  |          |                    |   |   |                   |                |         |         |              | 7 6 |        |                  |                 |  |
| <ul> <li>25 Losses Add royalty losses from line 21 and rental real estate losses from line 22 Enter-total losses here.</li> <li>25 ( 7,000.)</li> <li>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 1040), line 5 Otherwise, include this amount in the total online 41 on page 2.</li> <li>26 -7,000.</li> </ul>   |          |                    |   |   |                   |                |         | ∠£      |              | 1,0 |        |                  |                 |  |
| 26Total rental real estate and royality income or (loss). Combine lines 24 and 25 Enter the result<br>here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on<br>Schedule 1 (Form 1040), line 5 Otherwise, include this amount in the total online 41 on page 226-7,000.  |          |                    | •   |   |                   |                |         | · ·     |              |     |        | (                |                 |  |
| here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on   |          |                    |   |   |                   |                |         |         |              |     |        | (                | 1,000.          |  |
| Schedule 1 (Form 1040), line 5 Otherwise, include this amount in the total online 41 on page 2 26 -7,000.  | 26       |                    |   | 5 5 7   |                   |                |         |         |              |     |        |                  |                 |  |
|  |          |                    |   |   |                   |                |         |         |              |     | $\sim$ |                  | -7 000          |  |
|  |          |                    |   |   |                   |                |         | III C4  |              |     |        |                  |                 |  |

For Paperwork Reduction Act Notice, see the separate instructions

-7,000. Schedule E (Form 1040) 2021



Name(s) shown on return

## Education Orecits (American Opportunity and Lifetime Learning Orecits)

OMB No. 1545-0074

Attach to Form 1040or 1040SR.

► Go to www.irs.gov/Form8863for instructions and the latest information

Attachment Sequence No. 50 Your social security number

707-21-9621

1 2

RISHANTH K CHAVALI & SRI VASUDHA VALLI PASUMARTHI



Complete a separate Part III on page 2 for each student for whom you're daiming either oredit 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 F  | Partsl | II, line 30       | 1     |                 |
| 2      | Enter: \$180,000 if married filing jointly, \$90,000 if single, head of household, or qualifying widow(er)   | 2      |                   |       |                 |
| 3      | Enter the amount from Form 1040 or 1040 SR, line 11. If you're filing Form<br>2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for<br>the amount to enter | 3      |                   |       |                 |
| 4      | Subtract line 3 from line 2 If zero or less, stop, you can't take any education<br>area it   | 4      |                   |       |                 |
| 5      | Enter: \$2,000 if married filing jointly, \$1,0000 if single, head of household, or qualifying widow(er)   | 5      |                   |       |                 |
| 6      | Ifline4is  |        |                   |       |                 |
|        | • Equal to armore than line 5 enter 1.000 an line 6  |        | ]                 |       |                 |
|        | • Less than line 5 divide line 4 by line 5 Enter the result as a decimal (ro<br>atleast three places)  |        | dto f             | 6     |                 |
| 7      | Multiply line 1 by line 6 Caution. If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable America                    |        |                   |       |                 |
|        | skipline 8 enter the amount from line 7 on line 9 and check this box   |        |                   | 7     |                 |
| 8      | Refundable American appartunity area it Multiply line 7 by 40% (040). Enter<br>an Farm 1040ar 1040SR, line 29. Then go to line 9 below.  |        |                   | 8     |                 |
| Part   |  |        |                   | ·1    |                 |
| 9      | Subtract line 8 from line 7. Enter here and on line 2 of the Oredit Limit Workshee   | t(sæ   | instructions) .   | 9     |                 |
| 10     | After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -O 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     | Mutiplyline 11 by 20% (020)  |        |                   | 12    | 1,471.          |
| 13     | Enter: \$180,000 if married filing jointly, \$90,000 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<br>2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for                         |        |                   |       |                 |
|        |  | 14     | 147,763.          |       |                 |
| 15     | Subtract line 14 from line 13 If zero or less, skip lines 16 and 17, enter -O on line 18 and go to line 19   | 15     | 32,237.           |       |                 |
| 16     | Enter: \$2000 if married filing jointly, \$10000 if single, head of household, or qualifying widow(er)   | 16     | 20,000.           |       |                 |
| 17     | Ifline 15is  |        |                   |       |                 |
|        | • Equal to armore than line 16 enter 1.000 an line 17 and go to line 18  |        |                   |       |                 |
|        | • Less than line 16, divide line 15 by line 16 Enter the result as a decimal (rou  | nded   | to at least three |       |                 |
|        | places)  |        |                   | 17    | 1.000           |
| 18     |  |        |                   |       | 1,471.          |
| 19     | Norrefundable education credits. Enter the amount from line 7 of the Oredit<br>instructions) have and on Schedule 3 (Form 1040), line 3  |        |                   | 19    | 1,471.          |
| For Pa | perwork Reduction Act Notice, see your tax return instructions.  | AA     | REV 01/31/2       | 2 PRO | Form 8863(2021) |

| Form 8863 (2021)  |  | Page 2   |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Name(s) shown on return   |  | Your social security number                                      |  |  |  |  |  |
| RISHANTH K CHAVALI & SRI VASUDHA VALLI PASU   | MARTHI   | 707-21-9621  |  |  |  |  |  |
| Complete Part III for each student for whom you're daiming either the American<br>opportunity area tor lifetime learning area it. Use additional copies of page 2 as needed for<br>each student   |  |  |  |  |  |  |  |
| Part III Student and Educational Institution Information See instructions   |  |  |  |  |  |  |  |
| 20 Studentname (as shown on page 1 of your tax return) 21 Student social security number (as shown on page 1 of   |  |  |  |  |  |  |  |
| SRI VASUDHA VALLI   | your tax return)   | 000  |  |  |  |  |  |
| PASUMARTHI  | 977-97-7   | 299  |  |  |  |  |  |
| 22 Educational institution information (see instructions)<br>a. Name of first educational institution   | h Name of second educational in  |  |  |  |  |  |  |
| a. Name of first educational institution (fany)<br>SAN JOSE STATE UNIVERSITY  |  |  |  |  |  |  |  |
| <ul> <li>(1) Address Number and street (or P.O. box). City, town or<br/>postoffice, state, and ZIP code. If a foreign address, see<br/>instructions</li> <li>1 WASHINGTON SQ</li> </ul>   | (1) Address Number and street<br>post office, state, and ZIP or<br>instructions  | t (or P.O. box). City, town or<br>tode If a foreign address, see |  |  |  |  |  |
| SAN JOSE CA 95192   |  |  |  |  |  |  |  |
| (2) Did the student receive Form 1098-T X Yes 1000000000000000000000000000000000000   | (2) Dd the student receive Form<br>from this institution for 2021  |  |  |  |  |  |  |
| (3) Did the student receive Form 1098-T<br>from this institution for 2020 with box [] Yes [X] No<br>7 checked?  | <ul> <li>(3) Did the student receive Form</li> <li>from this institution for 2020</li> <li>7 checked?</li> </ul>                       |  |  |  |  |  |  |
| (4) Enter the institution's employer identification number (E<br>if you're daiming the American opportunity area torify<br>checked "Yes" in (2) or (3). You can get the EIN from Fo<br>1098T or from the institution  | au (EIN) if you're daiming the A   | merican apparturity arealitar<br>ar (3). You can get the EIN     |  |  |  |  |  |
| 77-0414438  |  |  |  |  |  |  |  |
| 23 Has the Hope Scholarship Credit or American opportun<br>oredit been daimed for this student for any 4 tax yes<br>before 2021?  |  | No- Gotoline 24  |  |  |  |  |  |
| 24 Was the student endled at least half-time for at least of<br>academic period that began or is treated as having begun<br>2021 at an eligible educational institution in a progra<br>leading towards a postsecondary degree, certificate,<br>other recognized postsecondary educational credentia<br>See instructions | nin<br>am<br>ar 🗙 Yes— Gotoline 25 🛛 🗌   | ] No— Stop! Go to line 31<br>for this student                    |  |  |  |  |  |
| 25 Did the student complete the first 4 years of postsecond<br>education before 2021? See instructions  | ary Yes— Stop!<br>X Gotoline 31 for this<br>student  | ] No— Go toline 26   |  |  |  |  |  |
| 26 Was the student convicted, before the end of 2021, or<br>felony for possession or distribution of a control<br>substance?  |  | No-Completelines 27<br>through 30for this student                |  |  |  |  |  |
| You can't take the American opportunity area it and the lifetime learning area it for the same student in the same year. If you camplete lines 27 through 30 for this student, don't camplete line 31.  |  |  |  |  |  |  |  |
| American Opportunity Credit   |  |  |  |  |  |  |  |
| 27 Adjusted qualified education expenses (see instructions).  |  | . 27   |  |  |  |  |  |
|   | Subtract \$2,000 from line 27. If zero or less, enter -O.         28           Multiple line 27. If zero or less, enter -O.         28 |  |  |  |  |  |  |
| <ul> <li>29 Mutiply line 28 by 25% (025)</li> <li>30 If line 28 is zero, enter the amount from line 27. Otherwis</li> </ul>   |  | . <u>29</u>  |  |  |  |  |  |
| 30 If line 28 is zero, enter the amount from line 27. Otherwis<br>enter the result Skipline 31. Include the total of all amoun  |  |  |  |  |  |  |  |
| Lifetime Learning Credit  |  |  |  |  |  |  |  |
| 31 Adjusted qualified education expenses (see instructions). I  | ndude the total of all amounts from all F  | 31 7,356.  |  |  |  |  |  |
|   |  | Form 8863(2021)  |  |  |  |  |  |