

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|                                |                                       |
|--------------------------------|---------------------------------------|
| Taxpayer's name<br>AJAY RATHOR | Social security number<br>798-30-1788 |
| Spouse's name                  | Spouse's social security number       |

## Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|   |   |         |
|---|---|---------|
| 1 | Adjusted gross income   | 87,231. |
| 2 | Total tax   | 12,110. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 13,432. |
| 4 | Amount you want refunded to you                               | 1,322.  |
| 5 | Amount you owe  |         |

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

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

### Taxpayer's PIN: check one box only

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

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 1 | 7 | 8 | 8 |
|---|---|---|---|---|

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

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

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

  
Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

Your first name and middle initial: AJAY
Last name: RATHOR
Your social security number: 798-30-1788
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions. 1822 BURNHAM ST
City, town, or post office. If you have a foreign address, also complete spaces below. WEST COLUMBIA
State: SC
ZIP code: 29169
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

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

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1957 [ ] Are blind Spouse: [ ] Was born before January 2, 1957 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents). Includes 'Dependents (see instructions):' header.

Main income and deduction table with columns for line numbers, descriptions, and amounts. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for-'.

|                                      |  |            |         |
|--------------------------------------|--|------------|---------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____   | <b>16</b>  | 12,111. |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 12,111. |
| <b>19</b>                            | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | <b>19</b>  |         |
| <b>20</b>                            | Amount from Schedule 3, line 8   | <b>20</b>  | 1.      |
| <b>21</b>                            | Add lines 19 and 20  | <b>21</b>  | 1.      |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 12,110. |
| <b>23</b>                            | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b>  | 0.      |
| <b>24</b>                            | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 12,110. |
| <b>25</b>                            | Federal income tax withheld from:  |            |         |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 13,432. |
| <b>b</b>                             | Form(s) 1099   | <b>25b</b> |         |
| <b>c</b>                             | Other forms (see instructions)   | <b>25c</b> |         |
| <b>d</b>                             | Add lines 25a through 25c  | <b>25d</b> | 13,432. |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |         |
| <b>27a</b>                           | Earned income credit (EIC) <span style="float:right">No</span>   | <b>27a</b> |         |
|                                      | Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> |            |         |
| <b>b</b>                             | Nontaxable combat pay election   | <b>27b</b> |         |
| <b>c</b>                             | Prior year (2019) earned income  | <b>27c</b> |         |
| <b>28</b>                            | Refundable child tax credit or additional child tax credit from Schedule 8812  | <b>28</b>  |         |
| <b>29</b>                            | American opportunity credit from Form 8863, line 8   | <b>29</b>  |         |
| <b>30</b>                            | Recovery rebate credit. See instructions   | <b>30</b>  |         |
| <b>31</b>                            | Amount from Schedule 3, line 15  | <b>31</b>  |         |
| <b>32</b>                            | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  |         |
| <b>33</b>                            | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 13,432. |
| <b>Refund</b>                        | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 1,322.  |
|                                      | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>35a</b> | 1,322.  |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 1 0 7 0 0 5 0 4 7 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |         |
|                                      | <b>d</b> Account number 2 6 3 1 2 4 7 7 0 5  |            |         |
|                                      | <b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | <b>36</b>  |         |
| <b>Amount You Owe</b>                | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | <b>37</b>  |         |
|                                      | <b>38</b> Estimated tax penalty (see instructions)   | <b>38</b>  |         |

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

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

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

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

|   |      |                     |   |
|---|------|---------------------|---|
| Your signature  | Date | Your occupation     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (720) 309-3072 Email address AJRATHOR86@GMAIL.COM

**Paid Preparer Use Only**

|                                   |                                       |            |                |  |
|-----------------------------------|---------------------------------------|------------|----------------|--|
| Preparer's name                   | Preparer's signature                  | Date       | PTIN           | Check if: <input type="checkbox"/> Self-employed |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM     | 03/25/2022 | P02082703      |  |
| Firm's name                       | Firm's address                        |            | Phone no.      | Firm's EIN                                       |
| GLOBAL TAXES LLC                  | 2530 Pebble Creek Ln Cumming GA 30041 |            | (678) 965-9522 | 30-1017196                                       |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
AJAY RATHOR

Your social security number  
798-30-1788

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  | 0.      |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -9,795. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income:   |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )     |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b> |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )     |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b> |         |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b> |         |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b> |         |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b> |         |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b> |         |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b> |         |
| <b>k</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8k</b> |         |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b> |         |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b> |         |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b> |         |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b> |         |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b> |         |
| <b>z</b>  | Other income. List type and amount ▶ _____  | <b>8z</b> |         |
|           | Other Income from box 3 of 1099-Misc . . . . . 31.  |           | 31.     |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  | 31.     |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   | <b>10</b> | -9,764. |

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  | ▶ _____    |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____  |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount ▶ _____  | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
AJAY RATHOR

Your social security number  
798-30-1788

**Part I Nonrefundable Credits**

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

(continued on page 2)

**Part II Other Payments and Refundable Credits**

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

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return  
AJAY RATHOR

Your social security number  
798-30-1788

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  **Yes**  **No**  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 29,701.                          | 27,030.                         | 105.  | 2,776.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  | 5,327.                           | 5,287.                          |   | 40.   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 2,816.   |

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b>   |



**Part III Summary**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | 2,816. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |        |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.   |           |        |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |        |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |        |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                |           |        |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>  | <b>21</b> | ( )    |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |           |        |



**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return  
AJAY RATHOR

Social security number or taxpayer identification number  
798-30-1788

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

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

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

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

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1  | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|--|---|--|--|--|---|--------------------------------|--|
|  |  |   |  |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|  | ROBINHOOD CRYPTO LLC   | 05/05/21                                | 12/12/21   | 5,327.   | 5,287.   |   |                                | 40.  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ► |  |   |  | 5,327.   | 5,287.   |   |                                | 40.  |

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2021**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

AJAY RATHOR

798-30-1788

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

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

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

|           |  |  |                  |                   |                          |
|-----------|--|--|------------------|-------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code)      |  |                  |                   |                          |
| <b>A</b>  | G-11 IRRIGATION COLONY DASHERA MAIDAN UJJAIN, MADHYA PRADESH IN 456010 |  |                  |                   |                          |
| <b>B</b>  |  |  |                  |                   |                          |
| <b>C</b>  |  |  |                  |                   |                          |
| <b>1b</b> | Type of Property (from list below)                                     | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 3  |  | 365              | 0                 | <input type="checkbox"/> |
| <b>B</b>  |  |  |                  |                   | <input type="checkbox"/> |
| <b>C</b>  |  |  |                  |                   | <input type="checkbox"/> |

**Type of Property:**

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

| Income:                               | Properties: | A    | B | C |
|---------------------------------------|-------------|------|---|---|
| <b>3</b> Rents received . . . . .     | <b>3</b>    | 625. |   |   |
| <b>4</b> Royalties received . . . . . | <b>4</b>    |      |   |   |

**Expenses:**

|  |           |         |  |  |
|--|-----------|---------|--|--|
| <b>5</b> Advertising . . . . .                                     | <b>5</b>  |         |  |  |
| <b>6</b> Auto and travel (see instructions) . . . . .              | <b>6</b>  |         |  |  |
| <b>7</b> Cleaning and maintenance . . . . .                        | <b>7</b>  | 1,965.  |  |  |
| <b>8</b> Commissions. . . . .                                      | <b>8</b>  |         |  |  |
| <b>9</b> Insurance . . . . .                                       | <b>9</b>  |         |  |  |
| <b>10</b> Legal and other professional fees . . . . .              | <b>10</b> |         |  |  |
| <b>11</b> Management fees . . . . .                                | <b>11</b> | 1,950.  |  |  |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions) | <b>12</b> |         |  |  |
| <b>13</b> Other interest. . . . .                                  | <b>13</b> |         |  |  |
| <b>14</b> Repairs. . . . .   | <b>14</b> | 1,975.  |  |  |
| <b>15</b> Supplies . . . . .                                       | <b>15</b> | 2,530.  |  |  |
| <b>16</b> Taxes . . . . .  | <b>16</b> |         |  |  |
| <b>17</b> Utilities . . . . .                                      | <b>17</b> | 2,000.  |  |  |
| <b>18</b> Depreciation expense or depletion . . . . .              | <b>18</b> |         |  |  |
| <b>19</b> Other (list) ▶ . . . . .                                 | <b>19</b> |         |  |  |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .         | <b>20</b> | 10,420. |  |  |

|   |           |            |     |     |
|---|-----------|------------|-----|-----|
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . | <b>21</b> | -9,795.    |     |     |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .  | <b>22</b> | ( 9,795. ) | ( ) | ( ) |

|  |            |         |  |  |
|--|------------|---------|--|--|
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . . | <b>23a</b> | 625.    |  |  |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b> |         |  |  |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .         | <b>23c</b> |         |  |  |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .         | <b>23d</b> |         |  |  |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .         | <b>23e</b> | 10,420. |  |  |

**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** ( 9,795. )

**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** -9,795.





dor.sc.gov

STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE

# 2021 INDIVIDUAL INCOME TAX RETURN

**SC1040**  
(Rev. 8/11/21)  
3075

|                                 |    |      |  |
|---------------------------------|----|------|--|
| Your Social Security Number     |    |      | Check if deceased <input type="checkbox"/> |
| 798                             | 30 | 1788 |  |
| Spouse's Social Security Number |    |      | Check if deceased <input type="checkbox"/> |
|                                 |    |      |  |



For the year January 1 - December 31, 2021, or fiscal tax year beginning \_\_\_\_\_, 2021 and ending \_\_\_\_\_, 2022

|   |  |                     |   |                   |
|---|--|---------------------|---|-------------------|
| First name and middle initial<br>AJAY                   |  | Last name<br>RATHOR |   | Suffix            |
| Spouse's first name, if married filing jointly          |  | Last name           |   | Suffix            |
| Check if new address <input type="checkbox"/>           | Mailing address (number and street, PO Box)<br>1822 BURNHAM ST |                     |   | County code<br>34 |
| City<br>WEST COLUMBIA                                   | State<br>SC  | ZIP<br>29169        | Daytime phone number with area code<br>(720) 309-3072 |                   |
| Check if address is outside US <input type="checkbox"/> | Foreign country address including postal code                  |                     |   |                   |

- **Amended Return:** Check if this is an Amended Return. (Attach Schedule AMD) .....
  - Check this box if you are a part-year or nonresident filing an SC Schedule NR .....
  - Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual .....
  - Check this box if you have filed a federal or state extension. ....
  - Check this box if you served in a military combat zone during the filing period. ....
- Name of the combat zone: \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>CHECK YOUR FEDERAL FILING STATUS</b> | (1) <input checked="" type="checkbox"/> Single      | (3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____               |
|   | (2) <input type="checkbox"/> Married filing jointly | (4) <input type="checkbox"/> Head of household (5) <input type="checkbox"/> Qualifying widow(er) |

Number of dependents claimed on your 2021 federal return .....

Number of dependents claimed that were under the age of 6 years as of December 31, 2021 .....

Number of taxpayers age 65 or older as of December 31, 2021 .....

### DEPENDENTS

| First name | Last name | Social Security Number | Relationship | Date of birth (MM/DD/YYYY) |
|------------|-----------|------------------------|--------------|----------------------------|
|            |           |                        |              |                            |
|            |           |                        |              |                            |
|            |           |                        |              |                            |
|            |           |                        |              |                            |



**INCOME AND ADJUSTMENTS**

Your SSN 798-30-1788

**2021**

|  |          |                          |           |
|--|----------|--------------------------|-----------|
| <b>1</b> Enter <b>federal taxable income</b> from your federal form. If zero or less, enter zero here<br>Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below . . . . . ▶ | <b>1</b> | <b>Dollars</b><br>74,381 | <b>00</b> |
|--|----------|--------------------------|-----------|

**ADDITIONS TO FEDERAL TAXABLE INCOME**

|  |          |        |           |
|--|----------|--------|-----------|
| <b>a</b> State tax addback, if itemizing on federal return (see instructions) . . . . . ▶                | <b>a</b> |        | <b>00</b> |
| <b>b</b> Out-of-state losses Type: _____ . . . . . ▶   | <b>b</b> |        | <b>00</b> |
| <b>c</b> Expenses related to National Guard and Military Reserve Income . . . . . ▶                      | <b>c</b> |        | <b>00</b> |
| <b>d</b> Interest income on obligations of states and political subdivisions other than South Carolina ▶ | <b>d</b> |        | <b>00</b> |
| <b>e</b> Other additions to income (attach explanation - see instructions) . . . . . ▶                   | <b>e</b> | 300    | <b>00</b> |
| <b>2 Total additions</b> (add line a through line e) . . . . . ▶   | <b>2</b> | 300    | <b>00</b> |
| <b>3</b> Add line 1 and line 2 and enter the total here . . . . . ▶                                      | <b>3</b> | 74,381 | <b>00</b> |

**SUBTRACTIONS FROM FEDERAL TAXABLE INCOME**

|   |            |        |               |
|---|------------|--------|---------------|
| <b>f</b> State tax refund, if included on your federal return . . . . . ▶   | <b>f</b>   | 0      | <b>00</b>     |
| <b>g</b> Total and permanent disability retirement income, if taxed on your federal return ▶  | <b>g</b>   |        | <b>00</b>     |
| <b>h</b> Out-of-state income/gain (do not include personal service income)<br>Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____ ▶                 | <b>h</b>   |        | <b>00</b>     |
| <b>i</b> 44% of net capital gains held for more than one year . . . . . ▶   | <b>i</b>   |        | <b>00</b>     |
| <b>j</b> Volunteer deductions (see instructions) Type: _____ ▶  | <b>j</b>   |        | <b>00</b>     |
| <b>k</b> Contributions to the SC College Investment Program (Future Scholar)<br>or the SC Tuition Prepayment Program . . . . . ▶  | <b>k</b>   |        | <b>00</b>     |
| <b>l</b> Active Trade or Business Income deduction (see instructions) . . . . . ▶   | <b>l</b>   |        | <b>00</b>     |
| <b>m</b> Interest income from obligations of the US government . . . . . ▶  | <b>m</b>   |        | <b>00</b>     |
| <b>n</b> Certain nontaxable National Guard or Reserve pay . . . . . ▶   | <b>n</b>   |        | <b>00</b>     |
| <b>o</b> Social Security and/or railroad retirement, if taxed on your federal return . . ▶  | <b>o</b>   |        | <b>00</b>     |
| <b>p</b> Retirement Deduction (see instructions)  |            |        |               |
| <b>p-1</b> Taxpayer (date of birth: _____) . . . . . ▶  | <b>p-1</b> |        | <b>00</b>     |
| <b>p-2</b> Spouse (date of birth: _____) . . . . . ▶  | <b>p-2</b> |        | <b>00</b>     |
| <b>p-3</b> Surviving spouse (date of birth of deceased spouse: _____) ▶   | <b>p-3</b> |        | <b>00</b>     |
| Military Retirement Deduction (see instructions)  |            |        |               |
| <b>p-4</b> Taxpayer (date of birth: _____) . . . . . ▶  | <b>p-4</b> |        | <b>00</b>     |
| <b>p-5</b> Spouse (date of birth: _____) . . . . . ▶  | <b>p-5</b> |        | <b>00</b>     |
| <b>p-6</b> Surviving spouse (date of birth of deceased spouse: _____) ▶   | <b>p-6</b> |        | <b>00</b>     |
| <b>q</b> Age 65 and older deduction (see instructions)  |            |        |               |
| <b>q-1</b> Taxpayer (date of birth: _____) . . . . . ▶  | <b>q-1</b> |        | <b>00</b>     |
| <b>q-2</b> Spouse (date of birth: _____) . . . . . ▶  | <b>q-2</b> |        | <b>00</b>     |
| <b>r</b> Negative amount of federal taxable income . . . . . ▶  | <b>r</b>   |        | <b>00</b>     |
| <b>s</b> Subsistence allowance (multiply _____ days by \$8) . . . . . ▶   | <b>s</b>   |        | <b>00</b>     |
| <b>t</b> Dependents under the age of 6 years on December 31 of the tax year . . . ▶   | <b>t</b>   |        | <b>00</b>     |
| <b>u</b> Consumer Protection Services . . . . . ▶   | <b>u</b>   |        | <b>00</b>     |
| <b>v</b> Other subtractions (see instructions) . . . . . ▶  | <b>v</b>   |        | <b>00</b>     |
| <b>w</b> South Carolina Dependent Exemption (see instructions) . . . . . ▶  | <b>w</b>   | 0      | <b>00</b>     |
| <b>4 Total subtractions</b> (add line f through line w) . . . . . ▶   | <b>4</b>   | <      | 0 <b>00</b> > |
| <b>5</b> Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR,<br>line 48. If less than zero, enter zero here. This is your <b>SOUTH CAROLINA INCOME SUBJECT TO TAX</b> ▶ | <b>5</b>   | 74,381 | <b>00</b>     |
| <b>6</b> TAX on your South Carolina Income Subject to Tax (see SC1040TT) . . . . . ▶  | <b>6</b>   | 4,697  | <b>00</b>     |
| <b>7</b> TAX on Lump Sum Distribution (attach SC4972) . . . . . ▶   | <b>7</b>   |        | <b>00</b>     |
| <b>8</b> TAX on Active Trade or Business Income (attach I-335) . . . . . ▶  | <b>8</b>   |        | <b>00</b>     |
| <b>9</b> TAX on excess withdrawals from Catastrophe Savings Accounts . . . . . ▶  | <b>9</b>   |        | <b>00</b>     |
| <b>10</b> Add line 6 through line 9 and enter the total here. This is your <b>TOTAL SOUTH CAROLINA TAX</b> . . . . . ▶  | <b>10</b>  | 4,697  | <b>00</b>     |



NON-REFUNDABLE CREDITS

Table with 5 rows (11-15) and 3 columns for line number, amount, and balance. Line 14: Total nonrefundable credits 00. Line 15: Subtract line 14 from line 10 and enter the difference 4,697 00.

PAYMENTS AND REFUNDABLE CREDITS

Table with 12 rows (16-22e) and 3 columns for line number, amount, and balance. Line 22: Total refundable credits 00.

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 rows (23-25) and 3 columns for line number, amount, and balance. Line 23: Add line 16 through line 22 and enter the total here 6,109 00.

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 10 rows (26-34) and 3 columns for line number, amount, and balance. Line 26: USE TAX due on online, mail-order, or out-of-state purchases 0 00.

REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!
35 Select one: [X] Direct Deposit (line 37 required) (for US accounts only) [ ] Debit Card [ ] Paper Check
PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and easy!
36 Select one: [ ] MyDORWAY (pay at dor.sc.gov/pay) [ ] ACH Debit (enter your US bank information on line 37)
37 Type of Account: [X] Checking [ ] Savings
Routing Number (RTN) 107005047 Bank Account Number (BAN) 2631247705
For payments only: Withdrawal Date [ ] Withdrawal Amount [ ] 00

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your signature [ ] Date [ ] Spouse's signature (if married filing jointly, BOTH must sign) [ ]

I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes [ ] No [X] Preparer's printed name SYAM PRIYA RAM SAGAR GUPTA TALLAM

Prepared by: Preparer signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 03-25-2022 Check if self-employed [ ] PTIN P02082703
Use: Firm name (or yours if self-employed), address, ZIP GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041 FEIN 30-1017196
Only: Phone (678) 965-9522

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105