

IRS efile Signature Authorization

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name SUKESH ARMOOR	Social security number 756-91-3913
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 1040SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank

1 Adjusted gross income	1	68,535.
2 Total tax	2	7,997.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	12,805.
4 Amount you want refunded to you	4	4,808.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

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

1	3	9	1	3
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 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros
- 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

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 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros
- 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 authorizing to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345 Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial SUKESH	Last name ARMOOR	Your social security number 756-91-3913
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. 2250 HOLLYHALL ST		Apt no 209
City, town, or post office. If you have a foreign address, also complete spaces below. Houston		State TX
Foreign country name		ZIP code 77054
Foreign province/state/county		Foreign postal code

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

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

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

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

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

Attach Sch B if required	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	78,035.
	2a	Tax-exempt interest	2a	b Taxable interest	2b	
	3a	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	
	6a	Social security benefits	6a	b Taxable amount	6b	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	
	8	Other income from Schedule 1, line 10			8	-9,500.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	68,535.
	10	Adjustments to income from Schedule 1, line 2b			10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶			11	68,535.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	12,550.		
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	300.		
	c	Add lines 12a and 12b	12c		12,850.	
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13			
14	Add lines 12c and 13	14		12,850.		
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15		55,685.		

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	7,997.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	7,997.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3 line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0	22	7,997.
23	Other taxes, including self-employment tax, from Schedule 2 line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	7,997.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,805.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,805.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No Check here if you were born after January 1, 1993, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Non-taxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863 line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3 line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	12,805.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,808.
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,808.
Direct deposit? See instructions	b Routing number 0 8 1 0 0 0 0 3 2 c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 3 5 5 0 0 9 8 4 3 0 7 8		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

Phone no (813) 992-8177 Email address SUKESHREDDYARMOOR@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/25/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no (678) 965-9522	Firm's EIN 30-1017196

Additional Income and Adjustments to Income

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SUKESH ARMOUR

Your social security number
756-91-3913

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
	b Date of original divorce or separation agreement (see instructions) ▶ _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-9,500.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation.		7	
8	Other income:			
	a Net operating loss	8a ()		
	b Gambling income	8b		
	c Cancellation of debt.	8c		
	d Foreign earned income exclusion from Form 2555	8d ()		
	e Taxable Health Savings Account distribution	8e		
	f Alaska Permanent Fund dividends	8f		
	g Jury duty pay	8g		
	h Prizes and awards	8h		
	i Activity not engaged in for profit income	8i		
	j Stock options	8j		
	k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
	l Olympic and Paralympic medals and USOC prize money (see instructions)	8l		
	m Section 951(a) inclusion (see instructions)	8m		
	n Section 951A(a) inclusion (see instructions)	8n		
	o Section 461(l) excess business loss adjustment.	8o		
	p Taxable distributions from an ABLE account (see instructions)	8p		
	z Other income. List type and amount ▶ _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-9,500.

Part II Adjustments to Income

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

SCHEDULE E
(Form 1041)

Supplemental Income and Loss

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

OMB No 1545-0074

2021

Attachment
Sequence No. 13

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

SUKESH ARMOOR

Your social security number

756-91-3913

Part I

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

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

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	GANDHI NAGAR HYDERABAD TELANGANA IN 500046				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties	A	B	C
3 Rents received	3	600.		
4 Royalties received	4			
Expenses				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,100.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	800.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	2,500.		
15 Supplies	15	2,200.		
16 Taxes	16			
17 Utilities	17	3,500.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses Add lines 5 through 19	20	10,100.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-9,500.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,500.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a	600.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e	10,100.		
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	(9,500.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	-9,500.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1041) 2021

**Indiana Part-Year or Full-Year Nonresident
Individual Income Tax Return**

2021

Due April 18, 2022

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from to:

Place "X" in box
if amending

Your Social Security Number 756 91 3913 Spouse's Social Security Number

DO NOT FILE

Your first name SUKESH Initial Last name ARMOOR Suffix

If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route) 2250 HOLLYHALLST 209 Place "X" in box if you are married filing separately.

City HOUSTON State TX Zip/Postal code 77054

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2021.

County where you lived 00 County where you worked 00 County where spouse lived County where spouse worked

Round all entries

1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A **Indiana Income** 1 78035.00
2. Enter amount from Schedule B, line 6, and enclose Schedule B **Indiana Add-Backs** 2 .00
3. Add line 1 and line 2 3 78035.00
4. Enter amount from Schedule C, line 12, and enclose Schedule C **Indiana Deductions** 4 .00
5. Subtract line 4 from line 3 5 78035.00
6. You must complete Schedule D. Enter amount from Schedule D, line 8, and enclose Schedule D **Indiana Exemptions** 6 1000.00
7. Subtract line 6 from line 5 **Indiana Adjusted Gross Income** 7 77035.00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) 8 2488.00
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) 9 0.00
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) 10 .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back **Indiana Taxes** 11 2488.00

DO NOT FILE



12. Enter credits from Schedule F, line 10 (enclose schedule)
13. Enter offset credits from Schedule G, line 8 (enclose schedule)
14. Add lines 12 and 13 _____ **Indiana Credits**
15. Enter amount from line 11 _____ **Indiana Taxes**
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16
18. Subtract line 17 from line 16 _____ **Overpayment**
19. Amount from line 18 to be applied to your 2022 estimated tax account (see instructions).

Enter your county code county tax to be applied __ \$

Spouse's county code county tax to be applied __ \$

Indiana adjusted gross income tax to be applied _____ \$

Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____

21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions **Your Refund**

22. Direct Deposit (see instructions)

a. Routing Number

b. Account Number

c. Type: Checking Savings Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____

24. Penalty if filed after due date (see instructions) _____

25. Interest if filed after due date (see instructions) _____

26. **Amount Due:** Add lines 23, 24 and 25 _____ **Amount You Owe**

Do not send cash. Please make your check or money order payable to:
Indiana Department of Revenue. Credit card payers must see instructions.

Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).

Your Signature _____ Date _____ Spouse's Signature _____ Date _____

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Name(s) shown on Form IT-40PNR

Your Social Security Number

SUKESH ARMOOR

756

91

3913

Section 1: Income or (Loss) Enter in Column A the same income or loss you reported on your 2021 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

	Column A Income from Federal Return		Column B Income Taxed by Indiana	
1. Your wages, salaries, tips, commissions, etc _____	1A	78035.00	1B	78035.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A	.00	2B	.00
3. Taxable interest income _____	3A	.00	3B	.00
4. Dividend income _____	4A	.00	4B	.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A	.00	5B	.00
6. Alimony received _____	6A	.00	6B	.00
7. Business income or loss from federal Schedule C _____	7A	.00	7B	.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	.00	8B	.00
9. Other gains or (losses) from Form 4797 _____	9A	.00	9B	.00
10. Taxable IRA distribution _____	10A	.00	10B	.00
11. Taxable pensions and annuities _____	11A	.00	11B	.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	-9500.00	12B	0.00
13. Income or loss from partnerships _____	13A	.00	13B	.00
14. Income or loss from trusts and estates _____	14A	.00	14B	.00
15. Income or loss from S corporations _____	15A	.00	15B	.00
16. Farm income or loss from federal Schedule F _____	16A	.00	16B	.00
17. Unemployment compensation _____	17A	.00	17B	.00
18. Taxable Social Security benefits _____	18A	.00	18B	.00
19. Indiana apportioned income from Schedule IT-40PNRA _____			19B	.00
20. Other income reported on your federal return _____	20A	.00	20B	.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)				
21. Subtotal: add lines 1 through 20 _____	21A	68535.00	21B	78035.00



Proration Section See instructions.

21C. Note: Nonresident military personnel see special instructions and complete worksheet 21C .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example: $\$3,100 \div \$8,000 = .3875$, which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 7 21D 1.000

Section 2: Adjustments to Income Note: Enter in Column A only those deductions claimed on your 2021 federal income tax return, Form 1040, Form 1040-SR, and Form 1040, Schedule 1, Part II. Round all entries.

	Column A Federal Adjustments		Column B Indiana Adjustments	
22. Educator expenses (see instructions) _____	22A	<input type="text"/> .00	22B	<input type="text"/> .00
23. Certain business expenses of reservists, performing artists, etc _____	23A	<input type="text"/> .00	23B	<input type="text"/> .00
24. Health savings account deduction _____	24A	<input type="text"/> .00	24B	<input type="text"/> .00
25. Moving expenses (see instructions) _____	25A	<input type="text"/> .00	25B	<input type="text"/> .00
26. Deductible part of self-employment tax _____	26A	<input type="text"/> .00	26B	<input type="text"/> .00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	<input type="text"/> .00	27B	<input type="text"/> .00
28. Self-employed health insurance deduction _____	28A	<input type="text"/> .00	28B	<input type="text"/> .00
29. Penalty on early withdrawal of savings _____	29A	<input type="text"/> .00	29B	<input type="text"/> .00
30. Alimony paid _____	30A	<input type="text"/> .00	30B	<input type="text"/> .00
31. IRA deduction _____	31A	<input type="text"/> .00	31B	<input type="text"/> .00
32. Student loan interest deduction (see instructions) _____	32A	<input type="text"/> .00	32B	<input type="text"/> .00
33. Reserved for future use _____	33A	<input type="text"/> .00	33B	<input type="text"/> .00
34. Other (see instructions) <input type="text"/>	34A	<input type="text"/> .00	34B	<input type="text"/> .00
35. Add lines 22 through 34 _____	35A	<input type="text"/> .00	35B	<input type="text"/> .00

Section 3: Totals

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1 36A 68535.00 36B 78035.00



Name(s) shown on Form IT-40PNR

Your Social Security Number

SUKESH ARMOOR

756 91 3913

Complete and enclose Schedule IN-DEP: Dependent Information and Additional
Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 1 1000 00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$1000 2 00
You MUST enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
 - who was under the age of 19 by Dec. 31, 2021,
 - or a full-time student who was under the age of 24 by Dec. 31, 2021, and
 - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500 3 00

4. Place "X" in box(es) below if, by December 31, 2021

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000 4 00

5. If age 65 or older, enter amount from Schedule A, line 36A \$

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 5 00

6. Add lines 1, 2, 3, 4 and 5 6 1000 00

7. Enter the number from Schedule A, Proration Section, line 21D 7 1.000

8. Multiply line 6 by line 7. Enter here and on Form IT-40PNR, line 6 Total Exemptions 8 1000 00



Name(s) shown on Form IT-40PNR

Your Social Security Number

SUKESH ARMOOR

756 91 3913

Round all entries

- | | | | |
|---|---------------|------|---------|
| 1. Indiana state tax withheld: enclose W-2s, 1099s, IN K-1s showing state tax withholding amounts | 1 | 2520 | .00 |
| 2. Indiana county tax withheld: enclose W-2s, 1099s, IN K-1s showing county tax withholding amts. | 2 | 1576 | .00 |
| 3. Estimated tax paid for 2021: include any extension payment made with Form IT-9 | 3 | | .00 |
| 4. Unified tax credit for the elderly | 4 | | .00 |
| 5. Earned income credit: see instructions
Enter earned income credit from
Schedule IN-EIC, line A-3 | Box A | | .00 |
| Enter number from Schedule A, Proration Section, line 21D | Box B | | |
| Multiply Box A by Box B, enter total here | 5 | | .00 |
| 6. Lake County residential income tax credit | 6 | | .00 |
| 7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE,
line 19 (enclose schedule) | 7 | | .00 |
| 8. Economic development for a growing economy retention credit. Enter amount from
Schedule IN-EDGE-R, line 19 (enclose schedule) | 8 | | .00 |
| 9. Headquarters relocation credit (refundable portion - see instructions) | 9 | | .00 |
| 10. Add lines 1 through 9. Enter total here and on Form IT-40PNR, line 12 | Total Credits | 10 | 4096.00 |

Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

- | | | | | |
|--|-----------------|----|--|-----|
| a. Enter fund name | code no. | 1a | | .00 |
| b. Enter fund name | code no. | 1b | | .00 |
| c. Enter fund name | code no. | 1c | | .00 |
| 2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 | Total Donations | 2 | | .00 |



Name(s) shown on Form IT-40PNR

Your Social Security Number

SUKESH ARMOOR

756

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3913

Section 1: Residency Information

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2021. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

Example

State of Residence	Date From (MM/DD)	Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
IL	01 01 2021	06 01 2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2021	12 31 2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Your information

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
1A	FL	01 01 2021	12 31 2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1B				Yes <input type="checkbox"/> No <input type="checkbox"/>
1C				Yes <input type="checkbox"/> No <input type="checkbox"/>
1D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Spouse's information if married filing jointly

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
2A				Yes <input type="checkbox"/> No <input type="checkbox"/>
2B				Yes <input type="checkbox"/> No <input type="checkbox"/>
2C				Yes <input type="checkbox"/> No <input type="checkbox"/>
2D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Turn over to complete Section 2



Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2021 Place in appropriate box. Yes No

2. Extension of time to file

a. Place in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm / Fishing income

Place in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an in the box, you must attach Schedule IT-2210.

4. Schedule IN-40PA filers. If you are eligible to file federal Form 706, Request for Innocent Spouse Relief, and are completing

Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

5. Date of death

If any individual listed at the top of the IT-40PNR died during 2021, enter date of death (MM/DD).

Taxpayer's date of death 2021 Spouse's date of death 2021

Authorization Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime

telephone number

Your email

address

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State IP Code

Paid Preparer: Firm's Name (or yours if self-employed)

IN-PT on file with paid preparer if not filing electronically

PTIN

Address

City

State IP Code

Preparer's signature



Indiana Individual Income Tax
DECLARATION OF ELECTRONIC FILING
Income Tax for the Tax Year January 1 - December 31, 2021

Do Not Mail This
Form To DOR

Submission ID - -

First Name and Middle Initial SUKESH	Last Name ARMOOR	Your Social Security Number 756 91 3913	Spouse's Social Security Number
Spouse's First Name and Middle Initial	Spouse's Last Name	Street Address 2250 HOLLYHALLST 209	
City HOUSTON	State TX	Zip Code 77054	Daytime Telephone Number 813 992 8177

Part I Tax Return Information (See Instructions on Next Page)

1. Federal Adjusted Gross Income	1.	68535
2. Indiana Adjusted Gross Income	2.	77035
3. Total Indiana Tax	3.	2488
4. Total State Tax Withheld	4.	2520
5. Total County Tax Withheld	5.	1576
6. Total Indiana Tax Credits	6.	4096
7. Refund	7.	1608
8. Amount You Owe	8.	

Part II Direct Deposit

9. Routing number 081000032 **Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.**

10. Account number 355009843078

11. Type of account: Checking Savings Hoosier Works MC

12. Place an "X" in the box if refund will go to an account outside the United States.

Do Not Mail
This Form
To DOR

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and Social Security number to ensure my refund is properly deposited.

Part III Declaration

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2021 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

Your PIN: check one box only

I authorize GLOBAL TAXES LLC to enter my PIN 13913 as my signature on my tax year 2021 electronically filed income tax return.
do not enter all zeros

I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Your signature Date

Spouse's PIN: check one box only

I authorize _____ to enter my PIN as my signature on my tax year 2021 electronically filed income tax return.
do not enter all zeros

I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Spouse's signature Date

Part IV Practitioner Certification and Authentication - Practitioner PIN Method ONLY

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN. 58727861989
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2021 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's Signature Date

I
N
D
I
A
N
A

▼ Attach W-2 Forms Here ▼