

# 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>BAVEEN KUMAR NARASA CHANDRASHEKAR | Social security number<br>140-21-4546          |
| Spouse's name<br>SINDHU GUPTA                        | Spouse's social security number<br>901-99-1037 |

## 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.

|  |          |          |
|--|----------|----------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 106,630. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 9,313.   |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 8,764.   |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> |          |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> | 549.     |

## 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 4 | 5 | 4 | 6 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

1 4 5 4 6  
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 GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 1 | 0 | 3 | 7 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

9 1 0 3 7  
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 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**

| IF you live in . . .   | THEN use this address to send in your payment . . .                      |
|--|--|
| Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas  | Internal Revenue Service<br>P.O. Box 1214<br>Charlotte, NC 28201-1214    |
| Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin      | Internal Revenue Service<br>P.O. Box 931000<br>Louisville, KY 40293-1000 |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming   | Internal Revenue Service<br>P.O. Box 802501<br>Cincinnati, OH 45280-2501 |
| A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands | Internal Revenue Service<br>P.O. Box 1303<br>Charlotte, NC 28201-1303    |

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service (99)

**2021**

**Form 1040-V Payment Voucher**

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

|  |             |
|--|-------------|
| Enter the amount of your payment . . . . . ▶ | <b>549.</b> |
|--|-------------|

REV 03/07/22 PRO 1555

**BAVEEN KUMAR NARASA CHANDRASHEKAR  
SINDHU GUPTA  
3141 PINE BRANCH DR 103  
KISSIMMEE FL 34741**

**INTERNAL REVENUE SERVICE  
P.O. BOX 1214  
CHARLOTTE, NC 28201-1214**

140214546 RI NARA 30 0 202112 610

**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<br>BAVEEN KUMAR  | Last name<br>NARASA CHANDRASHEKAR | Your social security number<br>140-21-4546     |
| If joint return, spouse's first name and middle initial<br>SINDHU                                   | Last name<br>GUPTA                | Spouse's social security number<br>901-99-1037 |
| Home address (number and street). If you have a P.O. box, see instructions.<br>3141 PINE BRANCH DR  |                                   | Apt. no.<br>103                                |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>KISSIMMEE |                                   | State<br>FL                                    |
| Foreign country name  |                                   | ZIP code<br>34741                              |
| 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** **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

**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):<br>Child tax credit | Credit for other dependents |
|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
|                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |

|  |  |   |            |          |
|--|--|---|------------|----------|
| Attach Sch. B if required.<br><br><b>Standard Deduction for—</b><br>• Single or Married filing separately, \$12,550<br>• Married filing jointly or Qualifying widow(er), \$25,100<br>• Head of household, \$18,800<br>• If you checked any box under <i>Standard Deduction</i> , see instructions. | <b>1</b>   | Wages, salaries, tips, etc. Attach Form(s) W-2  | <b>1</b>   | 113,001. |
|  | <b>2a</b>  | Tax-exempt interest   | <b>2a</b>  |          |
|  | <b>3a</b>  | Qualified dividends   | <b>3a</b>  | 20.      |
|  | <b>4a</b>  | IRA distributions   | <b>4a</b>  |          |
|  | <b>5a</b>  | Pensions and annuities  | <b>5a</b>  |          |
|  | <b>6a</b>  | Social security benefits  | <b>6a</b>  |          |
|  | <b>7</b>   | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | <b>7</b>   | 10,622.  |
|  | <b>8</b>   | Other income from Schedule 1, line 10   | <b>8</b>   | -11,013. |
|  | <b>9</b>   | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> ▶                                 | <b>9</b>   | 112,630. |
|  | <b>10</b>  | Adjustments to income from Schedule 1, line 26  | <b>10</b>  | 6,000.   |
|  | <b>11</b>  | Subtract line 10 from line 9. This is your <b>adjusted gross income</b> ▶                                     | <b>11</b>  | 106,630. |
|  | <b>12a</b>   | <b>Standard deduction or itemized deductions</b> (from Schedule A)  | <b>12a</b> | 25,100.  |
|  | <b>b</b>   | Charitable contributions if you take the standard deduction (see instructions)                                | <b>12b</b> | 600.     |
|  | <b>c</b>   | Add lines 12a and 12b   | <b>12c</b> | 25,700.  |
|  | <b>13</b>  | Qualified business income deduction from Form 8995 or Form 8995-A   | <b>13</b>  |          |
| <b>14</b>  | Add lines 12c and 13   | <b>14</b>   | 25,700.    |          |
| <b>15</b>  | <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- | <b>15</b>   | 80,930.    |          |



|                                      |   |            |        |
|--------------------------------------|---|------------|--------|
| <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>  | 9,313. |
| <b>17</b>                            | Amount from Schedule 2, line 3  | <b>17</b>  |        |
| <b>18</b>                            | Add lines 16 and 17   | <b>18</b>  | 9,313. |
| <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>  |        |
| <b>21</b>                            | Add lines 19 and 20   | <b>21</b>  |        |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-   | <b>22</b>  | 9,313. |
| <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>  | 9,313. |
| <b>25</b>                            | Federal income tax withheld from:   |            |        |
| <b>a</b>                             | Form(s) W-2   | <b>25a</b> | 8,764. |
| <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> | 8,764. |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return   | <b>26</b>  |        |
| <b>27a</b>                           | Earned income credit (EIC).<br>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>27a</b> |        |
| <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>  | 8,764. |
| <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>  |        |
|                                      | <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> |        |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number <u>X X X X X X X X X</u> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings  |            |        |
|                                      | <b>d</b> Account number <u>X X X X X X X X X X X X X X X X X X</u>  |            |        |
|                                      | <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>  | 549.   |
|                                      | <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.)         |
| <i>[Signature]</i>                                     |      | SOFTWARE ENGINEER   | <input type="text"/>  |
| 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.) |
| <i>[Signature]</i>                                     |      | HOME MAKER          | <input type="text"/>  |

Phone no. (313) 686-3886 Email address BAVEEN08@GMAIL.COM

**Paid Preparer Use Only**

|                                   |                                       |            |                |  |
|-----------------------------------|---------------------------------------|------------|----------------|--|
| Preparer's name                   | Preparer's signature                  | Date       | PTIN           | Check if:                              |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM     | 03/16/2022 | P02082703      | <input type="checkbox"/> Self-employed |
| 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

BAVEEN KUMAR NARASA CHANDRASHEKAR & SINDHU GUPTA

Your social security number

140-21-4546

**Part I Additional Income**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |          |
| <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>  | -11,070. |
| <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 . . . . . 57.  |           | 57.      |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  | 57.      |
| <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> | -11,013. |

**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>  | 6,000. |
| <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>  | 6,000. |



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

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

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.

Attachment  
Sequence No. **12**

Name(s) shown on return: **BAVEEN KUMAR NARASA CHANDRASHEKAR & SINDHU GUPTA** Your social security number: **140-21-4546**

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 . . . . .   | 107,444.                         | 92,031.                         | 2,130.  | 17,543.   |
| <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 . . . . .  | 767.                             | 7,688.                          |   | -6,921.   |
| <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</b> <b>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> 10,622.  |

**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</b> <b>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**

|   |               |         |
|---|---------------|---------|
| <p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <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>16</b>     | 10,622. |
| <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>   |               |         |
| <p><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 . . . . . ▶</p>   | <b>18</b>     |         |
| <p><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 . . . . . ▶</p>   | <b>19</b>     |         |
| <p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><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.</p> <p><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.</p>  |               |         |
| <p><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:</p> <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> ( ) |         |
| <p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><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.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>   |               |         |



**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: **BAVEEN KUMAR NARASA CHANDRASHEKAR & SINDHU GUPTA**  
Social security number or taxpayer identification number: **140-21-4546**

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>See the separate instructions. |                                | (h)<br>Gain or (loss).<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 |   |
|  | WEBULL FINANCIAL LLC   | 07/23/21                                | 06/18/21   | 107,444.   | 92,031.  | W  | 2,130.                         | 17,543.   |
| <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) ▶ |  |   |  |  | 107,444.   | 92,031.  | 2,130.                         | 17,543.   |

**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.

**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: BAVEEN KUMAR NARASA CHANDRASHEKAR & SINDHU GUPTA  
Social security number or taxpayer identification number: 140-21-4546

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>See the separate instructions. |                                | (h)<br>Gain or (loss).<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   | 10/16/21                                | 06/01/21   | 767.   | 688.   |  |                                | 79.   |
|  | - bad debt statement attached                                |   |  | 0.   | 7,000.   |  |                                | -7,000.   |
| <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) ▶ |  |   |  | 767.   | 7,688.   |  |                                | -6,921.   |

**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)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **13**

Name(s) shown on return

BAVEEN KUMAR NARASA CHANDRASHEKAR & SINDHU GUPTA

Your social security number

140-21-4546

**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>  | OLD TEMPLE HUDCO HOSUR TAMIL NADU IN 635109                       |
| <b>B</b>  |   |
| <b>C</b>  |   |

| <b>1b</b> | Type of Property (from list below) | <b>2</b>  | Fair Rental Days | Personal Use Days | QJV                      |
|-----------|------------------------------------|---|------------------|-------------------|--------------------------|
| <b>A</b>  | 3                                  | 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. | <b>A</b> 365     | 0                 | <input type="checkbox"/> |
| <b>B</b>  |                                    |   | <b>B</b>         |                   | <input type="checkbox"/> |
| <b>C</b>  |                                    |   | <b>C</b>         |                   | <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)

| <b>Income:</b>  | <b>Properties:</b> | <b>A</b>    | <b>B</b> | <b>C</b> |
|---|--------------------|-------------|----------|----------|
| <b>3</b> Rents received . . . . .   | <b>3</b>           | 750.        |          |          |
| <b>4</b> Royalties received . . . . .   | <b>4</b>           |             |          |          |
| <b>Expenses:</b>  |                    |             |          |          |
| <b>5</b> Advertising . . . . .  | <b>5</b>           |             |          |          |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>           | 240.        |          |          |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b>           | 650.        |          |          |
| <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>          | 1,275.      |          |          |
| <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>          | 4,200.      |          |          |
| <b>15</b> Supplies . . . . .  | <b>15</b>          | 3,500.      |          |          |
| <b>16</b> Taxes . . . . .   | <b>16</b>          |             |          |          |
| <b>17</b> Utilities . . . . .   | <b>17</b>          | 1,955.      |          |          |
| <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>          | 11,820.     |          |          |
| <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>          | -11,070.    |          |          |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .  | <b>22</b>          | ( 11,070. ) |          |          |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b>         |             | 750.     |          |
| <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>         |             | 11,820.  |          |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .   | <b>24</b>          |             |          |          |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>          | ( 11,070. ) |          |          |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . . | <b>26</b>          |             |          | -11,070. |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -11,070.

Schedule E (Form 1040) 2021



**Nonbusiness Bad Debt  
Explanation Statement**

**2021**

|   |                                       |
|---|---------------------------------------|
| Name(s)<br>BAVEEN KUMAR NARASA CHANDRASHEKAR & SINDHU GUPTA | Social Security Number<br>140-21-4546 |
|---|---------------------------------------|

Form/Line: Form 8949 Line 1  
Explanation of: Nonbusiness Bad Debt

Description of debt: GRGG  
Amount: \$7,000  
Date debt became due: \_\_\_\_\_  
Name of debtor: \_\_\_\_\_  
Relationship to debtor: \_\_\_\_\_  
Efforts to collect: \_\_\_\_\_  
Why decided debt was worthless: \_\_\_\_\_

DO NOT MAIL



03 16 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 140 21 4546 If deceased Spouse's SSN (if filing jointly) 901 99 1037 If deceased School district # 0902

First name BAVEEN KUMAR M.I. Last name NARASA CHANDRASHEKAR

Spouse's first name (if filing jointly) SINDHU M.I. Last name GUPTA

Address line 1 (number and street) or P.O. Box 3141 PINE BRANCH DR

Address line 2 (apartment number, suite number, etc.) APT 103

City KISSIMMEE State FL ZIP code 34741 Ohio county (first four letters) FAIR

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Residency Status - Check only one for primary: Resident, Part-year resident, Nonresident (checked), FL. Filing Status - Check one (as reported on federal income tax return): Single, head of household or qualifying widow(er), Married filing jointly (checked), Married filing separately. Spouse's SSN. Ohio Nonresident Statement - See instructions for required criteria. Federal extension filers - check here.

Do not staple or paper clip.

Table with 3 columns: Line number, Description, Amount. Line 1: Federal adjusted gross income 106630 00. Line 2a: Additions 00. Line 2b: Deductions 00. Line 3: Ohio adjusted gross income 106630 00. Line 4: Exemption amount 3800 00. Line 5: Ohio income tax base 102830 00. Line 6: Taxable business income 00. Line 7: Taxable nonbusiness income 102830 00.



MM-DD-YY Code

2021 Ohio IT 1040 Individual Income Tax Return



SSN 140 21 4546

Table with 3 columns: Line number, Description, and Amount. Includes lines 7a through 27, covering tax liability, payments, and refund.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature \_\_\_\_\_ Phone number (313) 686-3886
Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679
Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



# 2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

140 21 4546



21350198

Sequence No. 11

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

**Part A - Total Withholding**

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 .....1.

3689 00

**Part B - W-2s**

|        |                                    |   |                                     |
|--------|------------------------------------|---|-------------------------------------|
| 1. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| P      | 454474619                          | 113001 00                               | 8764 00                             |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        | 54021034                           | 113001 00                               | 3689 00                             |
| 2. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |
| 3. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |
| 4. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |
| 5. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |
| 6. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |
| 7. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |



# 2021 Schedule of Ohio Withholding

Primary taxpayer's SSN  
140 21 4546



21350298

Sequence No. 12

### Part C - 1099-Rs

1. P/S Payer's TIN

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

2. P/S Payer's TIN

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

3. P/S Payer's TIN

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

4. P/S Payer's TIN

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

### Part D - W-2Gs

1. P/S Payer's federal ID number

Box 1 - Reportable winnings  
00

Box 4 - Federal income tax withheld  
00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings  
00

Box 15 - Ohio income tax withheld  
00

2. P/S Payer's federal ID number

Box 1 - Reportable winnings  
00

Box 4 - Federal income tax withheld  
00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings  
00

Box 15 - Ohio income tax withheld  
00

3. P/S Payer's federal ID number

Box 1 - Reportable winnings  
00

Box 4 - Federal income tax withheld  
00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings  
00

Box 15 - Ohio income tax withheld  
00

### Part E - 1099-NECs

1. P/S Payer's TIN

Box 1 - Nonemployee compensation  
00

Box 4 - Federal income tax withheld  
00

Box 6 - Payer's Ohio number

Box 7 - State income  
00

Box 5 - Ohio tax withheld  
00

2. P/S Payer's TIN

Box 1 - Nonemployee compensation  
00

Box 4 - Federal income tax withheld  
00

Box 6 - Payer's Ohio number

Box 7 - State income  
00

Box 5 - Ohio tax withheld  
00

Staple W-2s to the back of this page

|  |  |  |
|--|--|--|
| BAVEEN KUMAR<br>First name and middle initial<br>NARASA CHANDRASHEKAR<br>Last name<br>SINDHU<br>If a joint return, spouse's first name and initial<br>GUPTA<br>Last name<br>3141 PINE BRANCH DR 103<br>CURRENT home address (number and street)<br>KISSIMMEE FL 34741<br>City State Zip code<br>Taxpayer phone number<br>If you are a first time filer and payment is due, you must attach a check or money order for the amount due. This amount can be found in Box 5. | Primary Social Security Number<br>140 21 4546<br>Spouse's Social Security Number<br>901 99 1037<br>Filing status:<br><input type="checkbox"/> Single<br><input checked="" type="checkbox"/> Married-Filing Jointly<br><input type="checkbox"/> Married-Filing Separately | Check the appropriate box if:<br><input type="checkbox"/> <b>REFUND</b> (An amount must be placed in Line 6B for this return to be considered a valid refund request)<br><input type="checkbox"/> <b>AMENDED</b> Tax year _____<br>Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, explain _____<br>Did you file a City return in 2020? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|--|

|   |  |
|---|--|
| <b>Residence change in 2021 (If applicable)</b><br>Did you change residence during 2021? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, enter date of move: _____<br>Previous Address (number and street)<br>City, State, Zip Code | <b>For Tax Office Use</b><br>Occupation or nature of business _____<br>Trade name /DBA _____<br>Cities of employment COLUMBUS<br>City of residence KISSIMMEE |
|---|--|

**Part A TAXABLE WAGES** Attach W-2s and /or W-2 G.

| Employer(s) and address where work was PHYSICALLY performed. If you worked from home, state percentage of time worked from home. | TAXABLE WAGES |
|--|---------------|
| SECUREAPP TECHNOLOGIES LLC.  | (+)           |
|  | (+)           |
|  | (+)           |
| If you have more than three employers, please attach a statement listing all employers. NET WAGES (enter in Column B below)      | (=) 113,001.  |

**Part B TAX CALCULATION** Complete Form IR-21 for 2022 if 2021 net tax due is more than \$200.

| COLUMN A | COLUMN B | COLUMN C   | COLUMN D  | COLUMN E                 | COLUMN F | COLUMN G |   |             |
|----------|----------|--|---|--------------------------|----------|----------|---|-------------|
| CITY     | CODE     | INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC.<br>(from Net Wages in Part A) | INCOME FROM NET PROFITS, RENTS, AND OTHER TAXABLE INCOME<br>(from Part C) | TOTAL NET TAXABLE INCOME | TAX RATE | TAX DUE  | LESS TAX WITHHELD (W-2), PAID BY A PARTNERSHIP, PAID DIRECTLY TO CITY WHERE EARNED, OR CAMPAIGN CONTRIBUTION CREDIT | NET TAX DUE |
| COLUMBUS | 01       | 113,001.   |   | 113,001.                 | 2.5%     | 2,825.   | 2,695.  | 130.        |

2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY..... **2**

3. BALANCE DUE (COLUMN G LESS LINE 2). If Line 2 is greater than Column G, enter amount (in brackets) here..... **3** 130.

4. PENALTY: 15% \$ \_\_\_\_\_ + INTEREST \$ \_\_\_\_\_ (see instructions) (see instructions) **4**

5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUNT IS \$10.00 or less ..... **5** 130.

6. OVERPAYMENT CLAIMED (IF LINE 2 EXCEEDS COLUMN G)..... **6**

A. Enter the amount from Line 6 you want **CREDITED** to your next year tax estimate..... **6A**

B. Enter the amount from Line 6 you want **REFUNDED** (must be greater than \$10.00)..... **6B**

**Third Party Designee** Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions)  YES Complete the following  NO

Designee's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ SSN: \_\_\_\_\_

**SIGNATURE** The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S. Columbus residents also declare that they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly.

**Sign Here** Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
 If a joint return, both must sign Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Paid Preparer's Use Only** Signature \_\_\_\_\_ Date 03/16/2022 PTIN 30-1017196 Phone # (678) 965-9522

**MAILING INFORMATION**

**NO Payment Enclosed:**  
 Mail to: Columbus Income Tax Division  
 PO Box 182437  
 Columbus, Ohio 43218-2437

**Payment Enclosed:**  
 Make payable to: **CITY TREASURER**  
 Mail to: Columbus Income Tax Division  
 PO Box 182158  
 Columbus, Ohio 43218-2158

Staple check or money order HERE



**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<br>BAVEEN KUMAR  | Last name<br>NARASA CHANDRASHEKAR | Your social security number<br>140-21-4546     |
| If joint return, spouse's first name and middle initial<br>SINDHU                                   | Last name<br>GUPTA                | Spouse's social security number<br>901-99-1037 |
| Home address (number and street). If you have a P.O. box, see instructions.<br>3141 PINE BRANCH DR  |                                   | Apt. no.<br>103                                |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>KISSIMMEE |                                   | State<br>FL                                    |
|   |                                   | ZIP code<br>34741                              |
| Foreign country name  | Foreign province/state/county     | Foreign postal code                            |

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

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

**Standard Deduction** **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

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

|   |  |            |          |
|---|--|------------|----------|
| Attach Sch. B if required.  | <b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  | <b>1</b>   | 113,001. |
|   | <b>2a</b> Tax-exempt interest . . . . .  | <b>2a</b>  |          |
| Standard Deduction for—<br>• Single or Married filing separately, \$12,550<br>• Married filing jointly or Qualifying widow(er), \$25,100<br>• Head of household, \$18,800<br>• If you checked any box under Standard Deduction, see instructions. | <b>3a</b> Qualified dividends . . . . .  | <b>3a</b>  | 20.      |
|   | <b>4a</b> IRA distributions . . . . .  | <b>4a</b>  |          |
|   | <b>5a</b> Pensions and annuities . . . . .   | <b>5a</b>  |          |
|   | <b>6a</b> Social security benefits . . . . .   | <b>6a</b>  |          |
|   | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/> | <b>7</b>   | 10,622.  |
|   | <b>8</b> Other income from Schedule 1, line 10 . . . . .   | <b>8</b>   | -11,013. |
|   | <b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶                                 | <b>9</b>   | 112,630. |
|   | <b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .   | <b>10</b>  | 6,000.   |
|   | <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶                                    | <b>11</b>  | 106,630. |
|   | <b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .  | <b>12a</b> | 25,100.  |
|   | <b>b</b> Charitable contributions if you take the standard deduction (see instructions)  | <b>12b</b> | 600.     |
|   | <b>c</b> Add lines 12a and 12b . . . . .   | <b>12c</b> | 25,700.  |
|   | <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .  | <b>13</b>  |          |
|   | <b>14</b> Add lines 12c and 13 . . . . .   | <b>14</b>  | 25,700.  |
|   | <b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .                             | <b>15</b>  | 80,930.  |

|                                      |   |            |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|--------------------------------------|---|------------|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| <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>  | 9,313. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| <b>17</b>                            | Amount from Schedule 2, line 3  | <b>17</b>  |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| <b>18</b>                            | Add lines 16 and 17   | <b>18</b>  | 9,313. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| <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>  |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| <b>21</b>                            | Add lines 19 and 20   | <b>21</b>  |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-   | <b>22</b>  | 9,313. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| <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>  | 9,313. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| <b>25</b>                            | Federal income tax withheld from:   |            |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| <b>a</b>                             | Form(s) W-2   | <b>25a</b> | 8,764. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| <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> | 8,764. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return   | <b>26</b>  |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| <b>27a</b>                           | Earned income credit (EIC)<br>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>27a</b> |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| <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>  | 8,764. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| <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>  |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|                                      | <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> |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | X          | X      | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |  |  |
| X                                    | X   | X          | X      | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |   |   |  |  |
|                                      | <b>d</b> Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>   | X          | X      | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |  |  |
| X                                    | X   | X          | X      | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |   |   |  |  |
|                                      | <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>  | 549.   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|                                      | <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<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>         |  |  |  |  |  |  |
|   |      |                                      |   |  |  |  |  |  |  |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation<br>HOME MAKER    | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |  |
|   |      |                                      |   |  |  |  |  |  |  |

Phone no. (313) 686-3886 Email address BAVEEN08@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>03/16/2022 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    |                   | Phone no. (678) 965-9522<br>Firm's EIN 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: **BAVEEN KUMAR NARASA CHANDRASHEKAR & SINDHU GUPTA**  
Your social security number: **140-21-4546**

**Part I Additional Income**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |          |
| <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>  | -11,070. |
| <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 . . . . . 57.  |           | 57.      |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  | 57.      |
| <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> | -11,013. |



**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>  | 6,000. |
| <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>  | 6,000. |

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **13**

Name(s) shown on return

BAVEEN KUMAR NARASA CHANDRASHEKAR & SINDHU GUPTA

Your social security number

140-21-4546

**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>  | OLD TEMPLE HUDCO HOSUR TAMIL NADU IN 635109                       |  |                  |                   |                          |
| <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   |  | A 365            | 0                 | <input type="checkbox"/> |
| <b>B</b>  |   |  | B                |                   | <input type="checkbox"/> |
| <b>C</b>  |   |  | C                |                   | <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>    | 750.        |         |          |
| <b>4</b> Royalties received . . . . .   | <b>4</b>    |             |         |          |
| <b>Expenses:</b>  |             |             |         |          |
| <b>5</b> Advertising . . . . .  | <b>5</b>    |             |         |          |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>    | 240.        |         |          |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b>    | 650.        |         |          |
| <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>   | 1,275.      |         |          |
| <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>   | 4,200.      |         |          |
| <b>15</b> Supplies . . . . .  | <b>15</b>   | 3,500.      |         |          |
| <b>16</b> Taxes . . . . .   | <b>16</b>   |             |         |          |
| <b>17</b> Utilities . . . . .   | <b>17</b>   | 1,955.      |         |          |
| <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>   | 11,820.     |         |          |
| <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>   | -11,070.    |         |          |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .  | <b>22</b>   | ( 11,070. ) | ( )     | ( )      |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b>  |             | 750.    |          |
| <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>  |             | 11,820. |          |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .   | <b>24</b>   |             |         |          |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>   | ( 11,070. ) |         |          |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . . | <b>26</b>   |             |         | -11,070. |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -11,070.

Schedule E (Form 1040) 2021