Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Special security number Special Securit	Submission Identification Number (SID)					
Spouse's social security number Part Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.)	Taxpayer's name	:	Social security	number		
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 4, 3,26. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1039 3 7, 466. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to greatly leave summed a copy of the income tox refund (original or amended) and now authorization. The consent to allow my intermediate several partition of the transmission, (by the reason for repection of the transmission, (by the reason for repection of the transmission, by the reason for any delay in processing the resturd refunded to the processing the stand or refund. and (c) the date of any refund. It applicable, lauthorize the U.S. Treasury simparidist, alwahres the U.S. Treasury simparidist, alwahres the U.S. Treasury simparidist, alwahres the U.S. Treasury simparidid algorite to terminal payment. It must contact the U.S. Treasury Financial Algent to terminate the authorization. To revoke (cancell) a payment, I must contact the U.S. Treasury Financial Algent to terminate the authorization. To revoke (cancell) a payment, I must contact the U.S. Treasury Financial Algent to terminate the authorization. To revoke (cancell) a payment, I must contact the U.S. Treasury Financial Algent to terminate the authorization. To revoke (cancell) a payment, I must contact the U.S. Treasury Financial Algent to terminate the authorization and the transmit always to answer inquiries and resolve issues as related to the payment. Further acknowledge	KRISHNA TEJA KANNEKANTI		670-47-	4591		
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 7, 466. 4 Amount you want refunded to you 4 3, 138. 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded you 9 Amount you want refunded to you 9 Amount you want refunded you 9 Amount you want you 9 Amount you want refunded you 9 Amount you want you 9 Amount you want you 9 Amount you want you 9 Amount	Spouse's name		Spouse's socia	al securit	y number	
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2	Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I cleader 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 original or 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 ray 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 refunded tax. and the financial institution in clearly institution to ideal the entry to this ascount. This payment, I must contact the U.S. Treasury Financial Agent at 1-888-333-4357. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) data. 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. I will enter my PIN sa my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own P	1 Adjusted gross income		[1	50,	569.
Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; 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 whore with the penalties of perjun; 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 year of the control 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 of the control of the transmission of the transmiss			+	2	4,	328.
S Amount you owe			-			
Under penalties of pointy. 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 frue, correct, and complete, it unther declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is frue, correct, and complete, it unther declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, 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, lauthorize 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 is 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 entil contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I entil contact the U.S. Treasury Financial Agent to the income tax return transmission of the electronic payment of taxes to receive confidential information necessary to answer inquires and resolve issues related to the payment of the electronic payment of the transmission of the electronic payment of the payment of the payment of the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent. Taxapayer's PIN: check one box only I authorize London London					3,	138.
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Taxpayer's PIN: check one box only A utthorize GLOBAL TAXES LLC ERO firm name Signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's PIN: check one box only Date	to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I at Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the fina authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues religional personal identification number (PIN) below is my signature for the income tax return (original or	reason for rejective the U.S. In account indicate ancial institution into the to terminate the neellation requence to the paylated to the payl	tion of the tra . Treasury and the day to debit the earthorizations to be rocessing of the transfer of the tra	nsmission d its destailed its	on, (b) the signated Fation soft this according revoke (cd no later tronic payowledge	e reason Financial ware for unt. This ancel) a than 2 ment of that the
I authorize GLOBAL TAXES LLC to enter or generate my PIN T4 5 9 1 ERO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's PIN: check one box only Date ERO firm name signature on the income tax return (original or amended) I am now authorizing. ERO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature 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 Don't enter a						
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I authorize	Your signature ▶	Date ►				
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ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the	nat I am submitt	ting this retur	n in acc	cordance	am now with the
ERO Must Retain This Form — See Instructions	ERO's signature ▶	Date ►				
			0			

£1040

Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return**

2021

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the reson is a child but not your depender	— name of	ied filing separately your spouse. If you	, ,	_		` ,	_	, ,	` , ` ,
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ity number
KRISHNA	TEJ.	A	KAN	NEKANTI					670-4	47-459	1
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's	s social se	curity number
	•	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	•		ion Campaigr
4892 HUI					1			305		ere if you if filing ioi	, or your ntly, want \$3
BLUE AS		ce. If you have a foreign address, also co	omplete	· · ·			code 5242	to go to	0,	Checking a	
Foreign country name				Foreign province/sta	te/coun	ty	Fore	eign postal code	your tax	or refund	l. Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	any fina	ancial interes	st in an	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction		leone can claim:				'	nt				
Age/Blindnes	You	: Were born before January 2, 1	1957 [Are blind S	pouse	: Was b	orn be	efore January 2	2, 1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relation	nship	(4) 🗸 if q	ualifies for	(see instru	uctions):
If more	(1) F	irst name Last name		number		to you	ı	Child tax c	redit	Credit for o	ther dependents
than four											
dependents, see instruction	e										
and check here ▶											
		Wagan anlarian tina ata Attach	Form(o)	\\\ \O					. 1		<u>L</u>
Attach	1	Wages, salaries, tips, etc. Attach	11.1	VV-2							56,969.
Sch. B if	2a 3a	Tax-exempt interest Qualified dividends	2a 3a			axable inter			. 2b		
required.	4a	IRA distributions	4a			Ordinary divid Taxable amo			. 4b		
	- 1 -а 5а	Pensions and annuities	5a			axable amoi			. 5b		
24	6a	Social security benefits	6a			axable amoi			. 6b		
Standard Deduction for—	7	Capital gain or (loss). Attach Sche		if required If pet re					7		
Single or	8	Other income from Schedule 1, lir		•	•	i, check here			. 8		6 400
Married filing separately,	9	· ·							. <u>8</u>		<u>-6,400.</u> 50,569.
\$12,550		Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		•	icome						50,569.
 Married filing jointly or 	10	Adjustments to income from Sche							. 10		<u> </u>
Qualifying widow(er),	11_	Subtract line 10 from line 9. This i	-	-		· · · .		10 55	11		50,569.
\$25,100	12a	Standard deduction or itemized		·	,		12a	12,55			
 Head of household, 	b	Charitable contributions if you take		naard deduction (s	ee ınstı	ructions)	12b	30			10 050
\$18,800	С	Add lines 12a and 12b							. 120		12,850.
If you checked any box under	13	Qualified business income deduct	tion fron	n Form 8995 or Fo	rm 899	95-A			. 13		10 050
Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or les	s, ente	er-0			. 15		37,719.

	16	Tax (see instructions). Check						16	4,328.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	4,328.
	19	Nonrefundable child tax cred	lit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, lin						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	If zero or less,	enter -0				22	4,328.
	23	Other taxes, including self-er						23	0.
	24	Add lines 22 and 23. This is					▶	24	4,328.
	25	Federal income tax withheld				1 1			
	а	Form(s) W-2				25a	7,466.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c						25d	7,466.
If you have a	26	2021 estimated tax payment				1 1		26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a			
attach con. Lio.		Check here if you were by January 2, 2004, and you taxpayers who are at least as	satisfy all the ge 18, to claim t	e other requi	rements for				
	b	Nontaxable combat pay elec				-			
	С	Prior year (2019) earned inco			0 1 1 1 00 10				
	28	Refundable child tax credit or				28		-	
	29	American opportunity credit				29		-	
	30	Recovery rebate credit. See				30		-	
	31	Amount from Schedule 3, lin				31	00	-	
	32	Add lines 27a and 28 through						32	7,466.
	33	Add lines 25d, 26, and 32. The						33	3,138.
Refund	34 35a	If line 33 is more than line 24						34 35a	3,138.
Direct deposit?	> b	Amount of line 34 you want Routing number 0 4 4				Ck nere Checking	. ▶ ∐ Savings	SSA	3,130.
See instructions.	►d	Account number 3 3 1			To Type.		J Saviriys		
	36	Amount of line 34 you want a			ed tax ▶	36			
Amount	37	Amount you owe. Subtract					. ▶	37	
You Owe	38	Estimated tax penalty (see in				38		31	
Third Party		you want to allow another							
Designee		•	•				Complete b	selow.	X No
	De	signee's		Phone			rsonal identi		
		me ►		no. ►			mber (PIN)	_	
Sign Here	bel	der penalties of perjury, I declare the fief, they are true, correct, and complete.		of preparer (other	r than taxpayer) is ba		tion of which	n prepare	er has any knowledge.
	Yo	ur signature		Date	Your occupation				t you an Identity N, enter it here
Joint return?				SOFTWARE ENGINEER				inst.) ▶	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupat	ion	Iden		t your spouse an ction PIN, enter it here
	————	200 00 (F12\202 042)	1	Email address		PACMATI CO	,	, ,	
		one no. (513)293-0434 parer's name	Preparer's signat	Email address	CHINNI.KK	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווסיית ייתוד או			2702	Self-employed
Preparer				אאטאט ויוא	GUFIA IALLAM	03/23/2022			
Use Only		m's name ► GLOBAL TAX m's address ► 2530 Pebbl		n Cummin	~ CZ 300/1				678)965-9522
Co to				ii CullilliiII		DEVICE TO THE		's EIN ▶	
GO TO WWW.Irs.go	ov/rorn	11040 for instructions and the lates	st information.		BAA	REV 03/19/22 PRO)		Form 1040 (2021)

Form 1040 (2021)

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

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

Attachment Sequence No. **01** Your social security number

KRIS	HNA TEJA KANNEKANTI		670-4	17-45	91
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxe	s		1	0.
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, tr Schedule E			5	-6,400.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling income	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	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			
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
0	Section 461(I) excess business loss adjustment	80			
р	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 1 1040-NR, line 8			10	-6,400.

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
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	>	_	
С	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:			
а	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		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	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	24 g		
h	,	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	24 j		
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 there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE E (Form 1040)

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.

OMB No. 1545-0074

2021

Attachment
Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Attachment Sequence No. 13

KRIS	HNA TEJA KANNEK	CANTI					67	0-47-	459	1	
Part	Income or Loss	s From Rental Real Estate and Ro	yalties	Note: If you	u are in th	ne business o	of rentir	ng persor	nal pi	operty,	use
	Schedule C. See	instructions. If you are an individual, rep	ort farm	rental income	e or loss t	rom Form 48	835 on	page 2, I	ine 4	0.	
		nts in 2021 that would require you to								∕es 🗵	No
B If "	Yes," did you or will you	ou file required Form(s) 1099?							<u> </u>	Yes 🗌	No
1a	Physical address of	each property (street, city, state, ZIF	ode)								
A	INDIRA NAGAR E	IYDERABAD TELANGANA IN 50	00045								
B											
C											
1b	Type of Property	2 For each rental real estate propabove, report the number of fa	perty lis	ted		Rental		onal U	se	QJV	
	(from list below)	personal use days. Check the if you meet the requirements to	QJV bo	ox only	'	Days		Days			
_ <u>A</u>	3	if you meet the requirements to qualified joint venture. See inst	o file as	-		365		0			
B		qualified joint venture. See insi	truction								
C				С							
	of Property:										
-	gle Family Residence	3 Vacation/Short-Term Rental				Rental					
2 Mul	ti-Family Residence	4 Commercial	6 Roy		8 Othe	er (describe					
		Properties:		Α		E	3			С	
3			3		600.						
4			4								
Expen			_								
5			5								
6	,	nstructions)	7	1	000						
7		nance	8		,000.						
8			9								
9			<u> </u>								
10	-	essional fees	10		0.00						
11	_		12		800.						
12		id to banks, etc. (see instructions)	13								
13 14			14	1	EOO						
15			15		,500.						
16			16		,200.						
17			17	າ	,500.						
18		or depletion	18		,500.						
19	Other (list)	e or depletion	19								
20	` ′	lines 5 through 19	20	7	,000.						
	•	•			,000.						
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must									
	file Form 6198	instructions to find out if you must	21	-6	,400.						
22		I estate loss after limitation, if any,			, 2001						
~~	on Form 8582 (see in		22 (6	400.	()()
23a	•	eported on line 3 for all rental prope			23a	\	60	00.			,
b		eported on line 4 for all royalty prop			23b						
C		eported on line 12 for all properties			23c						
d		eported on line 18 for all properties			23d						
e		eported on line 20 for all properties			23e		7,00	00.			
24		e amounts shown on line 21. Do no		de anv losse				24			
25	•	esses from line 21 and rental real estate		-		al losses her	æ. 🕇	25 (6.4	100.)
26		ate and royalty income or (loss).					F	,			
20		V, and line 40 on page 2 do not									
		40), line 5. Otherwise, include this a						26		-6,	400.

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **52**

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

KRISHNA TEJA KANNEKANTI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 670-47-4591

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly

	and both you and your spouse each have separate HSAs, complete a separate Part I for	each	spouse.
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021.		<u>'</u>
	See instructions	Se	If-only
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions,		
	contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	0.
9	Employer contributions made to your HSAs for 2021		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Dout	II LICA Distributions If the filling initially and both the control of the contro		1104
Part	a separate Part II for each spouse.		HSAs, complete
	a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions)	14a	HSAs, complete
	a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions)		HSAs, complete
14a	a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions)	14a	HSAs, complete
14a b	a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions)	14a	HSAs, complete
14a b	a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions)	14a 14b 14c	HSAs, complete
14a b c 15	a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions)	14a	HSAs, complete
14a b c 15	a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions)	14a 14b 14c	HSAs, complete
14a b c 15	a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions)	14a 14b 14c 15	HSAs, complete
14a b c 15 16	a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions)	14a 14b 14c 15	HSAs, complete
14a b c 15 16	a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions)	14a 14b 14c 15 16	
14a b c 15 16	a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions)	14a 14b 14c 15 16	pefore
14a b c 15 16	a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions)	14a 14b 14c 15 16	pefore
14a b c 15 16	a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions)	14a 14b 14c 15 16	pefore
14a b c 15 16 17a b	a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions) Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions Subtract line 14b from line 14a Qualified medical expenses paid using HSA distributions (see instructions) Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	14b 14c 15 16	pefore e HSAs,
14a b c 15 16 17a b	a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions) Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions Subtract line 14b from line 14a Qualified medical expenses paid using HSA distributions (see instructions) Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filling jointly and both you and your spouse each have sep complete a separate Part III for each spouse. Last-month rule	14b 14c 15 16	pefore HSAs,
14a b c 15 16 17a b	a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions) Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions Subtract line 14b from line 14a Qualified medical expenses paid using HSA distributions (see instructions) Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filling jointly and both you and your spouse each have sep complete a separate Part III for each spouse. Last-month rule Qualified HSA funding distribution Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z,	14b 14c 15 16 17b ions k parate	pefore e HSAs,



2021 Ohio IT 1040

Individual Income Tax Return
Use only black ink/UPPERCASE letters.



2100019

Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

	Primary taxpayer's SSN 670 47 459		If deceased	Sp	oouse's SSN (if	filing jointly	/) ✓ If decease		ool district # 3101	
	First name KRISHNA TEJ				Last name KANNEK	IANTI				
	Spouse's first name (if f	iling jointly)		M.I.	Last name					
	Address line 1 (number 4892 HUNT F		Вох							
	Address line 2 (apartme	ent number, suite nu	mber, etc.)							
	City					State	ZIP code	Ohio county (fir	st four letters)	
	BLUE ASH					ОН	45242	HAMI		
	Foreign country (if the n	nailing address is oเ	utside the U.S.)			Foreign p	oostal code			
	Residency Status	•					Status - Check one			return)
	X Resident	Part-year resident	Nonresident Indicate state			X Sii	ngle, head of househo	old or qualifying	widow(er)	
	Check only one for spor	use (if filing jointly)				Ma	arried filing jointly			
	Resident	Part-year resident	Nonresident Indicate state	>>		Ma	arried filing separately		Spouse's SSN	
	Ohio Nonresident Primary meets the	Statement - Se				Fe	deral extension filers	s - check here.		
	Spouse meets the	five criteria for irrebu	ttable presumpti	on as r	nonresident.		someone can claim you pendent, check here.	u (or your spouse	e if filing jointly) as a	a
paper clip.	Federal adjusted graif negative								50569	00
ō	2a. Additions – Ohio Sch	nedule of Adjustmer	nts, line 10 (incl	ude so	chedule)		2a.			00
taple	2b. Deductions – Ohio S	Schedule of Adjustm	ents, line 39 (in	clude	schedule)		2b.			00
Do not staple	Ohio adjusted gross if negative						3.		50569	00
									2150	00
	Exemption amount (Number of exemption						4.		2130	00
	5. Ohio income tax bas	se (line 3 minus line	4; if negative, e	nter ze	ero)		5.		48419	00
	6. Taxable business inc	come – Ohio Sched	ule IT BUS, line	13 (in	clude sched	ule)	6.			00
	7. Taxable nonbusines	s income (line 5 mir	nus line 6; if nea	ative, e	enter zero)		7.		48419	00
		ለ ል ዜዜ፡ የተምለ የተ	_							





0098

2021 Ohio IT 1040

Individual Income Tax Return



SSN 670 47 4591

7a. Amount from line 7 on page 1	48419	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	1013	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)8b.		00
8c. Income tax liability before credits (line 8a plus line 8b)	1013	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)9.	0	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)10.	1013	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)11.		00
12. Unpaid use tax (see instructions)		00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)13.	1013	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	1610	00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return		00
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)		00
17. Amended return only – amount previously paid with original and/or amended return17.		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	1610	00
19. Amended return only – overpayment previously requested on original and/or amended return19.		00
20. Line 18 minus line 19. Place a "-" in the box if negative20.	1610	00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.		00
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 1321.		
22. Interest due on late payment of tax (see instructions)		00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ 23.		00
24. Overpayment (line 20 minus line 13)	597	00
25. Original return only – portion of line 24 carried forward to next year's tax liability		00
00 00 00		0.5
d. Breast/Cervical Cancer e. Wishes for Sick Children f. Wildlife Species		00
00 00 00		
27. REFUND (line 24 minus lines 25 and 26g)	597	00
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge If your refund	l is \$1.00 or less, no refund will be	e issued.

and belief, the return and all enclosures are true, correct and complete.

Primary signature_ Phone number (513)293-0434

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

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

REV 03/22/22 PRO



2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.



Sequence No. 11

Primary taxpayer's SSN

670 47 4591

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 10401. 1610 00

Part B -	- W-2s		
1. P/S P	Box b - EIN 061454513	Box 1 - Wages, tips, other compensation 5481 00	Box 2 - Federal income tax withheld 688 00
	Box 15 - Employer's Ohio ID number 5 2 6 3 3 5 3 4	Box 16 - Ohio wages, tips, etc. 5481 00	Box 17 - Ohio income tax 154 00
2. P/S P	Box b - EIN 453725224	Box 1 - Wages, tips, other compensation 51488 00	Box 2 - Federal income tax withheld 6778 00
	Box 15 - Employer's Ohio ID number 45372522	Box 16 - Ohio wages, tips, etc. 51488 00	Box 17 - Ohio income tax 1456 00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 0 0
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 0 0
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



0098

2021 Schedule of Ohio

Withholding Primary taxpayer's SSN 670 47 4591



21350298

Sequence No. 12

D4-0	4000 B-	670 47 4591		Sequence No. 1
1. P/S	1099-Rs	Box 1 - Gross distribution		coquence No.
1. P/S	Payer's TIN	00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
2. P/S	Payer's TIN	Box 1 - Gross distribution	Takal	D-11 7
		00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Pay 7
		00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
4. P/S	Payer's TIN	Box 1 - Gross distribution	Takal	D-11 7
		00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
Dowt D	W 20-			
<u>Part D -</u>		Box 1 - Reportable winnings	Boy 4	Federal income tax withheld
1. P/S	Payer's federal ID number	00	BOX 4 -	00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	•	00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	,	00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
Part E -	1099-NECs			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
		00		00
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
	,	00		00
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
, 0	7-	00		00
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
		00		00
_				

Form R					Fiscal Ye	ars Fill in [Dates	
	2024	BLUE ASH CITY		2024	Beginning			
		COME TAX RET		2021	Ending			
File by		LED BY EVERYONE REQUIR THOUGH DECLARATION WAS				Within 4 M nding Date		
OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY	.						Yes	No
INDICATE SOLE PROPRIETOR	RSHIP		ARE YOU A RESIDE	NT? · · ·			×	
WHETHER EMPLO	OYEE OTHER		DID YOU FILE A RE	TURN FOR 201	9?	[
ACCOUNT NUMBER	ACCOUNT TYPE	SSN	HAS INTERNAL RE	ENUE SERVIC	E INCREASED YOU	JR		
		670-47-4591 Spouse SSN	INCOME TAX LIABIL					
Date moved in		Spouse SSN	IF SO, HAS AN AME BEEN FILED?			[
Date moved out			YOUR LOCAL PHON		•	,	434	
KRISHNA TEJA KANNE	JKANII		This Space	e For Tax O	ffice Use Only			
4892 HUNT ROAD APT	r 305							
BLUE ASH	. 303	ОН 45242						
Your Name, Address and Social Securit On Our Records. Make Corrections Who Missing. Attach Copy of Federal Return Otherwise, Returns Will Be Questioned	ty Number/Federal ID Number Are Printere Necessary. Add Social Security Ni And Schedules in Lieu of Page 2 Sch	nted Above As They Appear umber/Federal ID Number If iedules C, E, and H.	_					
Enter Employer's Name, W			Bonuses. Commis	sions. Tips.	Etc. Attach C	opv Of W-	·2 For	m(s)
Employer's Name (Attach		City Where E			Withheld	Wages		(-,
DELOITTE CONSULTIN	IG LLP	-	•		69		5	481
FRAMEWORK MI, INC.					644		51	488
1a TOTALS (if	f above is fully taxable and	vour only income, go nex	t to Line 7)		713		56	969
	COME: FROM PAGE 2							
3 TOTAL INC	COME (TOTAL OF LINES 1 /	AND 2 OR PER FEDERA	L RETURN ATTAC	HED)			56	969
	T DEDUCTIBLE (FROM LIN	,						
AD ILIOT	T TAXABLE (FROM LINE L	,						
MENISIO	E BETWEEN LINES 4a and b TO E			-				
	O NET INCOME (Line 3 plus		•				56	969
	Line 5a Allocable (OCABLE NET LOSS PER PR		n step 5 Schedule \	,				
	SUBJECT TO BLUE AS		E TAX (Line 5a OR	,			5.6	969
	SH CITY TAX RATE 1		2 17 DX (2 mo oa o X	00 2200 2	-		30	712
	a Tax withheld by employe		above		713			7
	b Payments and credits or							
CREDITS	c Earned income taxes paid City of		(Resident individuals only)					
	lakes paid City of	TOTAL CREDITS ALLOV			▶			713
9 BALANCE OF TAX DU	E (Line 7 Less Line 8) Mak							113
10 OVERPAYMENT CLAIM					1			
Enter Amount of line 10	•	our 2022 Estimated Tax	· · · · · · · · · · · · · · · · · · ·					
DECLARATION OF ESTIMA			. \$	1				
11 Total Income Subject to		x	o		11 \$			
		^			· —			
13 Total Estimated Tax (Lir	ne 11 - Line 12)				13 \$			
					•			
	(Line 13 - Line 14)							
	nated Payment Due (1/4 of L turn (Add Lines 9 and 16) . .							
I CERTIFY I HAVE EXAMINED THIS RIT IS TRUE, CORRECT AND COMPLET						ОНҮВ9	901 09	9/27/16
SYAM PRIYA RAM SAG SIGNATURE OF PERSON PREPARING			ATURE OF TAXPAYER O	R AGENT				DATE
GLOBAL TAXES LLC								
2530 PEBBLE CREEK	LN							
CUMMING	GA 300							
ADDRESS OR NAME AND ADDRESS			ATURE OF SPOUSE					DATE
If this return was prepared by a tax p	oractitioner, may we contact your pr	ractitioner directly with question	s regarding the prepara	tion of this retu	rn? YES	NO)	

£1040

Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return**

2021

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly [bu checked the MFS box, enter the reson is a child but not your depender	— name of	ed filing separately your spouse. If you	,	_		` ,	_	, ,	. , . ,	
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ity number	
KRISHNA	TEJ.	A	KAN	NEKANTI					670-4	47-459	1	
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's social security number			
	•	er and street). If you have a P.O. box, see	e instruct	ions.				Apt. no.	•		ion Campaigr	
4892 HUI					1 -			305		nere if you if filing ioi	, or your ntly, want \$3	
BLUE AS		ce. If you have a foreign address, also co	omplete :	mplete spaces below. State OH				ZIP code		to go to this fund. Checking a box below will not change		
Foreign country name				Foreign province/state/county Fo			Fore	eign postal code				
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ıny fina	ancial interes	st in an	y virtual curre	ncy?	Yes	⊠ No	
Standard Deduction		neone can claim:	•				nt					
Age/Blindnes	You	: Were born before January 2, 1	1957	Are blind S	pouse	: Was b	orn be	fore January 2	2, 1957	☐ Is b	lind	
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relation	nship	(4) 🗸 if q	ualifies for	r (see instru	uctions):	
If more	(1) F	irst name Last name		number to you		ı	Child tax c	redit	Credit for o	ther dependents		
than four												
dependents, see instructions												
and check here ▶												
nere 🕨 🗌			- ()							1		
Attach		Wages, salaries, tips, etc. Attach	1, ,	W-2					. 1		56,969.	
Sch. B if	2a	Tax-exempt interest	2a		b T	axable inter	est		. 2b			
required.	3a	Qualified dividends	3a			b Ordinary dividends			. 3b			
	4a	IRA distributions	4a						. 4b			
	5a	Pensions and annuities	5a			axable amo			. 5b			
Standard Deduction for—	6a	Social security benefits	6a			axable amo			. 6b			
Single or	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐										
Married filing	8	Other income from Schedule 1, line 10							. 8		-6,400.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								50,569.		
Married filing	10	Adjustments to income from Schedule 1, line 26							. 10			
jointly or Qualifying	11_	Subtract line 10 from line 9. This is your adjusted gross income							▶ 11		50,569.	
widow(er), \$25,100	12a	Standard deduction or itemized deductions (from Schedule A) 12a 12,550.							0.			
Head of	b	Charitable contributions if you take the standard deduction (see instructions) 12b 300.							0.			
household, \$18,800	С	Add lines 12a and 12b							. 120	;	12,850.	
If you checked	13	Qualified business income deduct	tion fror	n Form 8995 or Foi	m 899	95-A			. 13			
any box under Standard	14	Add lines 12c and 13						. 14		12,850.		
Deduction,	15	Taxable income. Subtract line 14	l from lii	ne 11. If zero or les	s, ente	er -0			. 15		37,719.	

	16	Tax (see instructions). Check					_	16	4,328.	
	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	4,328.	
	19	Nonrefundable child tax cred	19							
	20	Amount from Schedule 3, lin						20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less, e	enter -0				22	4,328.	
	23	Other taxes, including self-e						23	0.	
	24	Add lines 22 and 23. This is					▶	24	4,328.	
	25	Federal income tax withheld				1 1				
	а	Form(s) W-2					7,466.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions				25c				
	d	Add lines 25a through 25c						25d	7,466.	
If you have a	26	2021 estimated tax payment				1 1		26		
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a				
attach con. Lio.		Check here if you were by January 2, 2004, and you taxpayers who are at least at	ı satisfy all the ge 18, to claim tl	e other requi	rements for					
	b	Nontaxable combat pay elec				-				
	С	Prior year (2019) earned inco			0 1 1 1 00 10					
	28	Refundable child tax credit or				28		-		
	29	American opportunity credit				29		-		
	30	Recovery rebate credit. See				30		-		
	31	Amount from Schedule 3, lin				31	.m. k	-		
	32	Add lines 27a and 28 throug						32	7,466.	
	33	Add lines 25d, 26, and 32. The second						33	3,138.	
Refund	34 35a	If line 33 is more than line 24 Amount of line 34 you want I				•		34 35a	3,138.	
Direct deposit?	> b	Routing number 0 4 4				Checking	Savings	SSA	3,130.	
See instructions.	►d	Account number 3 3 1								
	36	Amount of line 34 you want applied to your 2022 estimated tax 36								
Amount	37	Amount you owe. Subtract	• • • • • • • • • • • • • • • • • • • •				. ▶	37		
You Owe	38	Estimated tax penalty (see in				38	. •	31		
Third Party		you want to allow another								
Designee		•	•				complete b	elow.	× No	
3	De	signee's		Phone		sonal identi	ication r			
-		me ▶		no. ▶			nber (PIN)	_		
Sign Here	bel	der penalties of perjury, I declare tief, they are true, correct, and com		of preparer (other	r than taxpayer) is ba		ion of which	prepare	er has any knowledge.	
	Your signature		Date Your occupation					nt you an Identity N, enter it here		
Joint return?					SOFTWARE ENGINEER			inst.) ▶		
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Date	<u> </u>			ity Prote	nt your spouse an ection PIN, enter it here	
your records.							inst.) ►			
		one no. (513)293-0434		Email address	CHINNI.KK	r@GMAIL.CO				
Paid		eparer's name	Preparer's signate			Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/29/2022	P0208		Self-employed	
Use Only	Firm's name ► GLOBAL TAXES LLC Phone							678)965-9522		
	Fir	m's address ► 2530 Pebb	Le Creek L	n Cummin	g GA 30041		Firm	s EIN 🕨		
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	st information.		BAA	REV 03/19/22 PRO			Form 1040 (2021)	

Form 1040 (2021)

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

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

Attachment Sequence No. **01** Your social security number

KRIS	HNA TEJA KANNEKANTI		670-4	17-45	91
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxe	1	0.		
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, tr Schedule E			5	-6,400.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling income	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	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			
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
0	Section 461(I) excess business loss adjustment	80			
р	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 1 1040-NR, line 8			10	-6,400.

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income			·
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-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	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	>		
С	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:			
а	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		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	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	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	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	24 i		
j	Housing deduction from Form 2555	24 j		
k	Excess deductions of section 67(e) expenses from Schedule K-1	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 t here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line		26	