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.

Submission Identification Number (SID)

T.....

Тахрау	er's name	Social security number							
SRI	KANTH REDDY SARASAM	359-77-8662							
Spouse	o's name	Spouse's social security number							
Part	Tax Return Information – Tax Year Ending December 31, 2021 (Enter	year you a	re aut	thorizing.)					
Enter	whole dollars only on lines 1 through 5.	<u> </u>							
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1	Adjusted gross income		1	107,690.					
2	Total tax		2	16,779.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	22,599.					
4	Amount you want refunded to you		4	5,820.					
5	Amount you owe		5						

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

Under penalties of periury. 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

				FBO firm name		Ē	ſ
×	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	_	
_			-			1 /	l

7	8	6	6	2	as mv
Ent dor	as my				

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

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

Your signature 🕨

Date

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

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 ►	Date						 		
Practitioner PIN Method Returns Only—continu	e be	lov	/						
Part III Certification and Authentication – Practitioner PIN Method Only									
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7	-	 -	6 all ze	9	89	•

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 >			
ERO Must Retain This Fo Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/17/22 PRO	Form 8879 (Rev. 01-2021)

Filing Status       X       Single       Married filing jointly       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(er) (QW)         Check only       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 more box.       Tour social security number         Your first name and mode initial       Last name       Spouse's social security number         SRINANTH       REDDY       SARASAM       Spouse's social security number         Home address (number and street), If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign 2613         City, town, or pour diffue, if you have a foreign address, also complete spaces below.       State       210.43       broke here if you, or your spouse if filing foility, want 33 to go to this fund. Checking a to below will not change your accerteding.         Foreign country name       Foreign province/state/country       Foreign path code       your as a dependent       Your spouse as a dependent       Your gouid a security (a) Reverse instructions;         If orgen       Spouse if lifting jointy.       Your spouse as adependent       Your gouid a security (a) Reverse instructions;       Your spouse as adependent       Your gouid a security (a) Reverse instructions;       Your spouse as adependent       Your (b) Your gouid a security (c) Hit in the path is your (c) Hit in the path is your (c) Hit in the path is your (c) Hit in the instructions;       <	E <b>104(</b>		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		(99) <b>urn</b>	202	21	OMB No. 1	545-00	)74 IRS Us	se Only	—Do not v	vrite or staple	in this space.		
One Dox.       person is a child but not your dependent ▶         Your first name and middle initial       Last name       Your social security number         SRITANTH REDDY       SARASAM       359-77-26562         If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street), If you have a P.O. box, see instructions.       Apt. no.       C         City, town, or poot office. If you have a foreign address, also complete spaces below.       State       2IP code         ELLICOTT CITY       MD       210.43       box below with not change         Foreign country name       Foreign province/state/county       Foreign post office. If you in the thirds       Spouse filling loint), want 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       Someone can claim:       You as a dependent       You is social security       You is not below is not with other advected	-	4_4		_	-		. ,			`	,		, ,	. , . ,		
SRIKANTH REDDY       SARASAM       359-77-8662         Hjoht retur, spouse's first name and middle initial       Last name       Spouse's social security number         Home address fumber and stredy. If you have a P.O. box, see instructions.       Apt. no.       C         8613 FALLS RUN RD       C       Check here if you, or your       Spouse's social security number         Foreign country name       Foreign province/state/country       MD       21.04.3       box below in not change         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       You       Spouse's Mode         Standard       Someone can claim:       You as a dependent       You're pouse as a dependent       You're Spouse as a dependent         Dependents       (i) First name       Last name       You're spouse as a dependent       C         Age/Blindness You:       Were born before January 2, 1967       Are blind       Dependents       Check dere instructions):         If more       (i) First name       Last name       You're spouse as a dependent       Check dere instructions):       Check dere instructions):         If more       (i) First name       Last name       You're spouse as a dependent       Check dere instructions):       Check dere instructions):         If more       (i) Firs	one box.	,			your spo	use. II you	CHECK					e criita a		le qualitying		
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         661.3 FALLS RUN RD       C       Spouse's social security number       Presidential Election Campaign         City, town, or post office. If you have a foreign address, also complete spaces below.       X1P code       Presidential Election Campaign         Foreign country name       Foreign province/state/county       Foreign postal code       You       Spouse         Foreign country name       Foreign province/state/county       Foreign postal code       You       Spouse         Standard       Someone can claim       You as a dependent       Your spouse as a dependent       Poul       Spouse         Sequencins       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If virial utilies for cese instructions;         find dependents, see instructions       1       1129,264.       2a       b       1119,264.         Standard       Social security environs       Space       b       Tax-exempt interest       2b         dependents, see instructions;       1       1129,254.       2b       2b       2b         Standard       Spoula dividends </td <td>Your first name</td> <td>e and mi</td> <td>iddle initial</td> <td>Last na</td> <td>ame</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Your so</td> <td>cial securi</td> <td>ty number</td>	Your first name	e and mi	iddle initial	Last na	ame							Your so	cial securi	ty number		
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       C.       Check here if you, or your spouse if filling jointly, want 33         S613 FALLS RUN RD       C       Check here if you, or your spouse if filling jointly, want 33       State       Z10 43         ELLICOTT CITY       MD       21043       bx below will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       You       Spouse if filling jointly, want 33         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as dependent       Your spouse as a dependent       You       Spouse         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness You:       (9) Ver bind galadionship       (4) V if qualifies for (see instructions):         If more       (1) First name       Last name       number       (2) Social security       Chick accredit       Chick tax credit.       Chick tax credit.         Shere P       A       a Qualified dividends       3a       b Ordinary dividends       3b       46.         Deduction       Sa       Qualified dividends       3a       b Taxable amount.       5b       5b	SRIKANT	H REI	DDY	SARA	SARASAM									2		
8613 FALLS RUN RD       C       Check here if you, or your         Gity, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       Stopsous of filing jointhy, want S3       to go to this fund. Checking a boose flow.       Stopsous of filing jointhy, want S3       to go to this fund. Checking a boose flow.       You is poouse flow.       You is poouse flow.       You is poouse as a dependent       You is poouse as a dependent.         Standard       Someone can claim:       You as a dependent.       You ropouse as a dependent.       You is poouse as a dependent.         Age/Blindness       You:       Ware boom before January 2, 1957       Is blind         Depondents, see instructions):       (2) Social security number       (2) Social security in unmber       (3) Relationship in (4) 4/4 (1) quilles for (see instructions):       (4) 4/4 (1) quilles for (see instructions):         If more than four dependents, see instructions):       (2) Social security number       (3) Relationship in (4) 4/4 (1) quilles for (see instructions):       (4) 4/4 (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	If joint return, s	pouse's	s first name and middle initial	Last na	ame							Spouse	's social se	curity number		
City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       21043       spouse if filing jointly, wart \$3 to go to this fund. Checking a box below will not change a box below will not change a box below.       State       ZIP code       21043       box below will not change a box below.       Yea       No         Foreign country name       Foreign province/state/county       Foreign postal code       You       Spouse if thing jointly, wart \$3 to go to this fund. Checking a box below.       Yea       No         Standard       Someone can claim:       You as a dependent       You repose a a dependent       You       Spouse if thing jointly, wart \$3 to go to this fund. Checking a your tax or refund.         Age/Blindness       You:       Was born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       See instructions):       (i) First name       Last name       (i) Social security       (i) First name traine dependents       Credit or other dependents       Credit or other dependents         see instructions				instructi	ions.											
ELLICOTT CITY       MD       21043       box below will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       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       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Peduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You:       Yes       No         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (i) First name       Last name       inumber       to you       Child tax credit       Credit for other dependents         see instructions	-			molata	snaces he	low	Sta	to	7	-						
Foreign country name       Foreign province/state/county       Foreign postal code       Your tax or refund.         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       Yes       No         Standard       Someone can claim:       You as a dependent       Your tax or refund.       ''ou       Spouse         Deduction       Spouse itemizes on a separate return or you were a dual-status alien				inplete a	spaces be	10 10.								0		
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       You       Spouse         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         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       (3) Relationship       (4) V' if qualifies for (see instructions):       Child tax credit       Credit for other dependents         if more than four dependents, see instructions			± ±		Foreign p	rovince/state					code			•		
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         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       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       Immediate       Immediat       Immediate <td< td=""><td>i orcigii oounu</td><td>ynanie</td><td></td><td></td><td>roroigirpi</td><td>ovinee/state</td><td>ooun</td><td>L.Y</td><td></td><td>oreigin postar</td><td>couc</td><td>your tu</td><td>_</td><td colspan="3"></td></td<>	i orcigii oounu	ynanie			roroigirpi	ovinee/state	ooun	L.Y		oreigin postar	couc	your tu	_			
Deduction       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       number       (3) Relationship       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       number       (3) Relationship       (4) ✓ if qualifies for (see instructions):         Attach       Child tax credit       Credit for other dependents, see instructions       (1) First name       Last name       number       (1) Birst name       (1) First name       (2)	At any time du	iring 20	021, did you receive, sell, exchange	, or othe	erwise di	spose of ar	ny fina	ancial intere	est in a	any virtual	curre	ncy?	Ves	X No		
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       (4) ✔ if qualifies for (see instructions):         If more than four dependents, see instructions and check       Last name       Image: Credit for other dependents         1       Wages, salaries, tips, etc. Attach Form(s) W-2       Image: Credit for other dependents         1       Wages, salaries, tips, etc. Attach Form(s) W-2       Image: Credit for other dependents         1       Wages, salaries, tips, etc. Attach Form(s) W-2       Image: Credit for other dependents         1       Tax-exempt interest       2a         2       Tax-exempt interest       2b         3       Qualified dividends       3a         4       IRA distributions       4a         5       Sa       b       Taxable amount         6       Social security benefits       6a         6       Social security benefits       6a         6       Capital gain or (loss). Attach Schedule D if required, If not required, check here       7         7       Capital gain or (loss). Attach Schedule D if required, check here       7				•					nt							
Dependents (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship       (4) If qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security number       (3) Relationship       (4) If qualifies for (see instructions):         Gependents, see instructions       (1) First name       Last name       (2) Social security number       (3) Relationship       (4) If qualifies for (see instructions):         Gependents, see instructions       (1) First name       Last name       (1) First na			<u> </u>		_			_	I I	(		1057				
If more than four dependents, see instructions and check here       Image: task name       number       to you       Child tax credit       Credit for other dependents         Attach       Image: task name       Image: task nam <td>-</td> <td>-</td> <td></td> <td>957</td> <td><u> </u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>,</td> <td></td> <td></td>	-	-		957	<u> </u>							,				
If more	•	•			(2) 8		y									
dependents, see instructions and check here       Image: sea i		(1) 1								Office		ieun				
and check       here ▶	dependents,															
here   Attach   Sch. B if   ag   Qualified dividends   ag   ag   ag   ag   Qualified dividends   ag   ag   ag   ag   Qualified dividends   ag   bg    capital gain or (loss). Attach Schedule D if required. If not required, check here   bg   capital gain or (loss). Attach Schedule D if required. If not required, check here   ag   bg   capital gain or (loss). Attach Schedule 1, line 26   capital gain or loss. Attach Schedule 1, line 26   bg   ag   bg   bg   ag   bg   bg   bg   capital gain or l		s —														
Attach 2a Tax-exempt interest 2a   Sch. B if 3a b   required. 3a b   Ada IRA distributions 3a   a b   a IRA distributions   fa Qualified dividends   fa Ada distributions   fa Pensions and annuities   fa Social security benefits   fa Ga   b Taxable amount   fa Other income from Schedule D if required. If not required, check here   fo Taxable amount   fo Other income from Schedule 1, line 10   fo Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   fo Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income   fo fo   fousehold, standard deduction or itemized deduction (from Schedule A)   fa Standard deduction or itemized deduction (see instructions)   fa Standard deduction or itemized deduction (see instructions)   fa Standard deduction or itemized deduction from Socie dule A)   fa fa   fa Add lines											$\overline{\Box}$					
Attach 2a Tax-exempt interest 2a   Sch. B if 3a Ualified dividends 3a   required. 4a BA distributions 4a   BA distributions 4a b Ordinary dividends 3b   5a Pensions and annuities 5a   Pensions and annuities 5a   b Taxable amount 4b   5a Pensions and annuities   5a Pensions and annuities   6a Social security benefits   6a b Taxable amount   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here   9 107, 690.   9 107, 690.   10 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   11 107, 690.   12a Standard deduction or itemized deduction (see instructions)   12a 122, 550.   12b 300.   11 107, 690.   12a 122, 550.   12a 122, 550.   12a 122, 550.   12b 300.   11 107, 690.   12b 300.   12a 122, 550.   12b 300.   12a 122, 550.   12b 300.   12c 122, 850.   13 1		1	Wages, salaries, tips, etc. Attach I	-orm(s)	W-2 .							. 1	1	<u> </u>		
Sch. B if required.       3a       3a       b       Ordinary dividends       3b       46.         Frequired.       4a       b       Deduction for       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       6b         7       Other income from Schedule 1, line 10       6b       7         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       107, 690.         9       Married filing jointly or       10       Adjustments to income from Schedule 1, line 26       10         10       Subtract line 10 from line 9. This is your adjusted gross income       11       107, 690.         11       107, 690.       12a       Standard deduction or itemized deduction (see instructions)       12b       300.         12a       Standard deduction or itemized deduction from Form 8995 or Form 8995-A       13       12       12,850.         1		2a					bТ	axable inte	rest			. 2b				
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         • Single or Married filing separately, \$12,550       6a       Other income from Schedule 1, line 10       6a       7         • Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       •       •       9       107, 690.         10       Adjustments to income from Schedule 1, line 26       •       •       10       10         0ualifying widow(er), \$25,100       Standard deduction or itemized deductions (from Schedule A)       12a       122, 550.       11       107, 690.         12a       Standard deduction or itemized deduction (from Schedule A)       •       12b       300.       12c       12, 850.         •       Head of household, \$18,800       •       Add lines 12a and 12b       •       •       13       14       12, 850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       •       13       14       12, 850.		3a	Qualified dividends	3a						s		. 3b	)	46.		
Standard Deduction for -       6a       Social security benefits	required.	4a	IRA distributions	4a				,				. 4b	)			
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Single or Married filing separately, \$12,550       8       Other income from Schedule 1, line 10       8       -11,620.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       107,690.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       107,690.       11       107,690.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.         12a       Standard deduction or itemized deduction (see instructions)       12b       300.         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       300.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,850.         15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0-       15       94,840		5a	Pensions and annuities	5a			bТ	axable amo	ount.			. 5b	)			
<ul> <li>Single or Married filing separately, \$12,550</li> <li>Mad lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Married filing jointy or Qualifying widow(er), \$25,100</li> <li>Head of household, \$12a</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$18,800</li> <li>If you checked any box under Standard</li> <li>If you chec</li></ul>	Standard	6a	Social security benefits	6a			bТ	axable amo	ount.			. 6b	)			
Married filing separately, \$12,550       8       -11,620         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       107,690         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       107,690       10         12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550         12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550         13       Qualified business income deduction from Form 8995 or Form 8995-A       12c       12,850         14       12,850       14       12,850         15       Taxable income       11       12,840		7	Capital gain or (loss). Attach Sche	dule D i	f require	d. If not rec	luired	l, check her	e.			7				
\$12,550       9       Add lines 1, 25, 30, 40, 50, 60, 7, and 8. This is your total income       9       107, 690.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$18,800       12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.         • Head of household, \$18,800       •       •       12a       12,550.         • Head of household, \$18,800       •       •       12b       300.         • If you checked any box under Standard       •       12a       12c       12,850.         • Had dines 12c and 13       •       •       13       14       12,850.         • If you checked any box under Standard       •       •       •       •       13         • Add lines 12c and 13       •       •       •       •       •       14       12,850.         • If any box under Standard       •<	Married filing	8	Other income from Schedule 1, lin	ie 10								. 8	-	11,620.		
jointly or Qualifying widow(er), \$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       11       107,690.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.       11       107,690.         * Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       300.       12c       12,850.         * If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,850.         14       12,850.       14       12,850.       14       12,850.		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is yo	ur <b>total in</b> d	ome					▶ 9	1	07,690.		
Qualifying widow(er), \$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       11       107,690.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       12,550.         Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       300.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       12,850.         14       12,850.       14       12,850.       14       12,850.		10	Adjustments to income from Sche	dule 1,	line 26							. 10	)			
\$25,100       12a       122,350.         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       300.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       12,850.         • If you checked any box under Standard       14       12,850.       13       14       12,850.         • If you checked any box under Standard       14       12,850.       13       14       12,850.         • If you checked any box under Standard       14       12,850.       13       14       12,850.         • If you checked any box under Standard       14       12,850.       14       12,850.       14         • If you checked any box under Standard       15       • Add lines 12c and 13       • • • • • • • • • • • • • • • • • • •	Qualifying	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted	gross inco	me	· · ·				► <u>11</u>	1	07,690.		
household, \$18,800       c       Add lines 12a and 12b       12c       12,850.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12c and 13       14       12,850.       14       12,850.         Deduction,       15       Tayable income       Subtract line 14 from line 11 If zero or less enter -0.       15       94,840	widow(er), \$25,100	12a	Standard deduction or itemized	deduct	t <b>ions</b> (fro	m Schedul	e A)	· ·	12a	12	<b>,</b> 55	0.				
\$18,800       C       Add lines 12a and 12b       12,850.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12c and 13       14       12,850.         15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0.       15       94,840		b	Charitable contributions if you take	the star	ndard de	duction (se	e instr	ructions)	12b		30	0.				
any box under Standard       14       Add lines 12c and 13       14       12,850         Deduction,       15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0-       15       94,840		с										. 12	c	12,850.		
Standard         14         Add lines 12c and 13         14         12,850           Deduction,         15         Tayable income         Subtract line 14 from line 11 If zero or less enter -0-         15         94,840		13	Qualified business income deduct	ion fron	n Form 8	995 or Forr	n 899	95-A								
	Standard															
		15	Taxable income. Subtract line 14	from lir	ne 11. lf z	ero or less	, ente	er-0				. 15	5	94,840.		

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check if	f any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	16,779.
	17	Amount from Schedule 2, line						17	
	18	Add lines 16 and 17						18	16,779.
	19	Nonrefundable child tax cred	it or credit for o	ther depender	nts from Schedul	e 8812		19	
	20	Amount from Schedule 3, line	8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	16,779.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is y	our <b>total tax</b>				. 🕨	24	16,779.
	25	Federal income tax withheld f	from:			1 1			
	а	Form(s) W-2				<b>25a</b> 22	,599.	_	
	b	Form(s) 1099				25b		_	
	С	Other forms (see instructions)				25c		_	
	d	Add lines 25a through 25c .						25d	22,599.
If you have a	26	2021 estimated tax payments			3.7			26	
qualifying child, attach Sch. EIC. [	27a	Earned income credit (EIC) .				27a		-	
		Check here if you were be January 2, 2004, and you							
		taxpayers who are at least ag							
	b	Nontaxable combat pay elect							
	с	Prior year (2019) earned incor				-			
	28	Refundable child tax credit or a	additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit f	rom Form 8863	8, line 8		29			
	30	Recovery rebate credit. See in	nstructions .			30		1	
	31	Amount from Schedule 3, line	915			31			
	32	Add lines 27a and 28 through	31. These are	your <b>total oth</b>	er payments and	d refundable cred	its 🕨	32	
	33	Add lines 25d, 26, and 32. Th	ese are your <b>to</b>	tal payments			. 🕨	33	22,599.
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	5,820.
neruna	35a	Amount of line 34 you want re			is attached, che	ck here		35a	5,820.
Direct deposit?	►b	Routing number 0 2 2							
See instructions.	►d	Account number 7 2 2	9 6 2 6	98					
	36	Amount of line 34 you want a	pplied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract li	ine 33 from line	24. For details	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see ins	structions) .		🕨	38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_
Designee	ins	tructions				. 🕨 🗌 Yes. Co	omplete k	elow.	X No
		signee's ne ►		Phone no.			onal identition (PIN)		
0:000		der penalties of perjury, I declare th	at I have examine						of my knowledge and
Sign		ief, they are true, correct, and comp							
Here	Yo	ur signature		Date	Your occupation		If the	IRS sen	t you an Identity
		5							N, enter it here
Joint return?					SOFTWARE :		· ·	inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, bo	oth must sign.	Date	Spouse's occupat	tion			t your spouse an ction PIN, enter it here
your records.									
	Ph	one no. (845)233-1465		Email address	REDDYSRIKAN	TH13@GMAIL.CO	M	<u>L</u>	
			Preparer's signat	1	TUPPIQIUIIAN	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM :			GUPTA TALLAN	03/05/2022	P02082	2703	Self-employed
Preparer		n's name ► GLOBAL TAX							678)965-9522
Use Only		m's address ► 2530 Pebbl		n Cummin	g GA 30041			's EIN ►	
Go to www.irs.ov		1040 for instructions and the lates			BAA	REV 02/17/22 PRO			Form <b>1040</b> (2021)
2.0.10	0.11				DAA				

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information. OMB No. 1545-0074 20 Attachment Sequence No. **01** 

Internal Revenue Service	Sequence No. 01		
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	al security number
SRIKANTH REDDY	359-77	-8662	
Part I Additio	onal Income		

1	Taxable refunds, credits, or offsets of state and local income taxe	S	1	0.
2a	Alimony received		<b>2</b> a	
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	-11,620.
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		
ο	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 ►			
•	Tatal athen in some Add lines On the surfly On	8z		
9 10	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	-11,620.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 1 (Form 1040) 2021

Par	Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
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)		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 8l <b>24c</b>		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
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		
j	Housing deduction from Form 2555         .         .         .         24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1         (Form 1041)       24k		
z	Other adjustments. List type and amount ► 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income.</b> Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	
	<b>BΔ</b> REV 02/17/22 PRO	Sched	ule 1 (Form 1040) 2021

REV 02/17/22 PRO

	DULE E			pplemental								No. 1545	5-0074
(Form	1040)	(From	i rental real estate, roya	lties, partnersł	nips, S	corpora	ations, e	estates,	trusts, REM	Cs, etc.)	9		
Departme	ent of the Treasury		Attac	h to Form 1040	, 1040	- <b>SR, 10</b> 4	0-NR, a	or 1041.			<u></u> ۵#ta	⊐ ♥ 🚄 chment	I 🔳
Internal F	Revenue Service (99)		► Go to www.irs.go	v/ScheduleE fo	or inst	ructions	and the	e latest i	information.		Sequ	Jence No.	. 13
Name(s)	shown on return										cial secur	•	er
	ANTH REDDY										77-86		
Part			s From Rental Real E										, use
			instructions. If you are an										
			nts in 2021 that would										
			ou file required Form(s								. 🗆	Yes	No
<u>1a</u>			each property (street,	•									
	H.NO:8-11	, SANT	HOSHIMA NAGA HY	YDERABAD ,	DAM	AIGUI	DA TEI	LANGA	NA IN 50	0083			
<u>C</u>	Type of Property 2 For each rental real estate property listed Fair Rental Personal Use												
1b	Type of Prop (from list be		2 For each rental r	eal estate prop e number of fai	perty li ir rent	sted al and			Days	Da		Q	JV
A	3	1010)	above, report the personal use day if you meet the r	ys. Check the	QJV b	ox only	Α		365		0	Г	
			qualified joint ve	nture. See inst	ructio	sa ns.	B		305		0		
C	+					C							
	of Property:						U					L	
	le Family Resid	lence	3 Vacation/Short-	Term Rental	5 La	nd	-	7 Self-l	Rental				
	i-Family Reside		4 Commercial		6 Ro	yalties			r (describe)				
Incom	,			Properties:			Α		B			С	
3	Rents received	1k			3			670.					
4					4								
Expen													
5	Advertising .				5								
6			nstructions)		6								
7	Cleaning and r	nainter	nance		7		2,	260.					
8					8								
9	Insurance				9								
10	Legal and othe	er profe	essional fees		10								
11	Management f	ees .			11		2,	611.					
12	Mortgage inter	est pai	d to banks, etc. (see i	nstructions)	12								
13	Other interest.				13								
14	Repairs				14		2,	600.					
15	Supplies				15		2,	334.					
16	Taxes				16								
17					17		2,	485.					
18	Depreciation e	xpense	e or depletion		18								
19	Other (list) 🕨				19								
20	Total expenses	s. Add	lines 5 through 19 .		20		12,	290.					
21	Subtract line 2	0 from	line 3 (rents) and/or 4	(royalties). If									
	,		instructions to find ou										
					21		-11,	620.					
22			l estate loss after limit			,			1				
			structions)		22	(		20.)	(	656	)(		
23a			eported on line 3 for a			• •		23a		670.	_		
b			eported on line 4 for a					23b			_		
c											_		
d											_		
e			eported on line 20 for					23e		2,290.	_		
24		-	e amounts shown on I			-				. 24			
25			sses from line 21 and re									11,6	620.
26	Total rental re	eal esta	ate and royalty incor	ne or (loss). 🤇	Comb	ine lines	s 24 an	d 25. E	nter the res	ult			

For Paperwork Reduction Act Notice, see the separate instructions.

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

Schedule E (Form 1040) 2021

-11,620.

26

-11,620.



e-File DECLARATION FOR ELECTRONIC FILING



Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

É SRIKANTH REDDY		SARASAM	359778662	
First Name	MI	Last Name	SSN/Taxpayer Ider	ntification Number
First Name Spouse's First Name Part I Tax Return Information (V	MI	Spouse's Last Name	SSN/Taxpayer Ide	ntification Number
ာ ဥ Part I Tax Return Information (۱	whole dollars onl	y)		
<u>E</u>				
1. Amount of overpayment to be applied	ed to 2022 estima	ted tax	1	·
2. Amount of overpayment to be refun	ded to you			1121.
3. Total amount due (Pay in full by Ap	ril 15, 2022. See i	nstructions.)		·
Part II Taxpayer Declaration and	Signature Autho	rization		
that I provided to my Electronic Retu agree with the amounts shown on the knowledge and belief, my return is tru statements, be sent to the Maryland R software provider.	e corresponding linue, correct and co	nes of my 2021 Maryland electrophysics of my 2021 Maryland electrophysics of the my reterior of the my reter	tronic income tax return. To turn, including accompanying	the best of my schedules and
Your PIN: check one box only				Enter five digits.
X I authorize GLOBAL TAXES LI	LC firm name	to enter or gener	rate my PIN 7 8 6 6 2 <	Do not enter all zeros.
as my signature on my tax year 20		iled income tax return.		20.001
I will enter my PIN as my signatur entering your own PIN <b>and</b> your m				
Your signature			Date	
Spouse's PIN: check one box only				Enter five digits.
	firm name	to enter or gener	rate my PIN	Do not enter all zeros.
as my signature on my tax year 2				
I will enter my PIN as my signatur entering your own PIN <b>and</b> your n				
Spouse's signature			Date	
	Practitione	er PIN Method Returns Only		
Part III Certification and Authentio	cation - Practitio	ner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit		•	58727861989	Do not enter all zeros.
I certify this numeric entry is my PIN, w taxpayer(s). I confirm that I am submit Maryland MeF Handbook for Authorized	tting this return in			
EDO's signaturo			Date03052022	
ERO's signature		DO NOT		

FOI	RM TA	SIDENT INCOME X RETURN		215020013	2 \$
OR FISCAL YEAR BE	GINNING	2021, ENDING	G		
359778662 Your Social Security No SRIKANTH RED		Social Security Number		nina (1753-1947), kozanin/) Contactor (1757-1947) Contactor (1757-1947)	
Your First Name SARASAM	MI	Does your name match the name on your social security — card? If not, to ensure you			
Your Last Name	<u>MI</u>	get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.		an an an the second second Second second second Second second	
Spouse's Last Name 8613 FALLS R		and Street Name or PO Box)			
C	s line i ( <b>Scieet No.</b>		LICOTT CITY	MD	21043
Current Mailing Addres	s Line 2 ( <b>Apt No., Su</b>		or Town		ZIP Code + 4
8613 FALL		BALTIMORE Maryland Politica	I Subdivision (See Instruc	tion 6)	
Maryland Physical	Address Line 2 (Apt N	o., Suite No., Floor No.) (No PO Box	:)		
ELLICOTT	CITY		MD 21043	BALTIMORE	COUNTY
City			State ZIP Code + 4	Maryland County	
FILING STATUS CHECK ONE BOX ►		e (If you can be claimed on ed filing joint return or spo		ax return, use Filing S	tatus 6.)
See Instruction 1 if you are	3. 🗌 Marri	ed filing separately, Spouse	e SSN ▶		
required to file.	<b>4.</b> Head	of household			
	<b>5.</b> Quali	fying widow(er) with depen	ndent child		
		fying widow(er) with depen ndent taxpayer (Enter 0 in		- See Instruction 7.)	
PART-YEAR RESIDENT See Instruction	6. Depe	ndent taxpayer (Enter 0 in rland Residence (MM DD	Exemption Box (A)	TO	



RESIDENT INCOME TAX RETURN





NAME SRIKANTE	H REDDY SARASAM SSN 359778662	
<b>EXEMPTIONS</b> See Instruction 10. Check appropriate box(es). <b>NOTE:</b> If		1600.
you are claiming dependents, you <b>must attach the</b> <b>Dependents'</b> <b>Information</b> <b>Form 502B</b> to this form to receive the applicable exemption amount.		
	s C. ► Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$	
	t D. Enter Total Exemptions (Add A, B and C.)	1600.
MARYLAND	Check here ► If you do not have health care coverage DOB (mm/dd/yyyy) ►	
HEALTH CARE	Check here ► If your spouse does not have health care coverage DOB (mm/dd/yyyy) ►	
See Instruction 3.	Check here Check here I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-health care coverage.	
	E-mail address 🕨	
INCOME	1. Adjusted gross income from your federal return.       ▶ 1.         1a. Wages, salaries and/or tips.       ▶ 1a.	107690.
See Instruction 11.		
	1c. Capital Gain or (loss)       ▶ 1c.         1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.)       ▶ 1d.	
	10. Taxable Peristons, IRAS, Annulues (Attach Form 502R.) ► 10.         1e. Place a "Y" in this box if the amount of your investment income is more than \$10,000 ►	
	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2.	
ADDITIONS	3. State retirement pickup	
TO MARYLAND	■ 4. Lump sum distributions (from worksheet in Instruction 12.)	
INCOME	<b>5.</b> Other additions (Enter code letter(s) from Instruction 12.) ►► 5.	
See Instruction 12.	. 6. Total additions (Add lines 2 through 5.)	
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)7.	107690.
	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 8.	
SUBTRACTIONS	9. Child and dependent care expenses 9	
FROM	<b>10a.</b> Pension exclusion from worksheet (13A) Yourself ► Spouse ► ► 10a	
MARYLAND	<b>10b.</b> Pension exclusion from worksheet (13E) Yourself ► Spouse ► ► 10b.	
INCOME	<b>11.</b> Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 > 11.	
See Instruction 13.		
	<b>13.</b> Subtractions from attached Form 502SU	
	<b>14.</b> Two-income subtraction from worksheet in Instruction 13 ▶ 14	
	<b>15.</b> Total subtractions (Add lines 8 through 14.)	 107690 ·
	<b>16.</b> Maryland adjusted gross income (Subtract line 15 from line 7.)       16. <b>All taxpayers must select one method and check the appropriate box.</b>	
DEDUCTION		
METHOD	ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.) Table fordered identifications (from line 17 fordered Cabadula A) > 17a	
See Instruction 16.		
	<b>17b.</b> State and local income taxes (See Instruction 14.) ▶ 17b	
	Subtract line 17b from line 17a and enter amount on line 17.	2350
	17. Deduction amount (Part-year residents see Instruction 26 (I and m).)	105340
	<b>18.</b> Net income (Subtract line 17 from line 16.) <b>19.</b> Exemption amount from Exemptions area (See Instruction 10.)	
	19.         Exemption another from Exemptions area (see instruction 10.)	103740
	20. Taxable liet income (Subtract line 19 110111 line 16.)	·



### RESIDENT INCOME TAX RETURN



**2021** Page 3

NAME SRIKANT	h re	SDDY SARASAM SSN 359778662				
	21.	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	4885			
MARYLAND		Earned income credit (EIC) (See Instruction 18.) 22.				
TAX COMPUTATION		Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.				
		Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.				
	23.	Poverty level credit (See Instruction 18.)	·•			
	24.	Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) 24.				
	25.	Business tax credits				
	26.	Total credits (Add lines 22 through 25.)				
	27.	Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0	4885.			
	28.	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	0000			
LOCAL TAX		<b>your local tax rate</b> .0 <u>0320</u> or use the Local Tax Worksheet	3320.			
COMPUTATION	29.	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.). 29.	·•			
	30.	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.	·			
	31.	Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	· •			
	32.	Total credits (Add lines 29 through 31.)				
	33.	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0				
	34.	Total Maryland and local tax (Add lines 27 and 33.)	8205.			
	35.	Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35				
CONTRIBUTIONS	36.	Contribution to Developmental Disabilities Services and Support Fund ▶ 36				
See Instruction 20.	37.	Contribution to Maryland Cancer Fund				
	38.	Contribution to Fair Campaign Financing Fund				
	39.	Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39.	8205.			
	40.	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms				
		and attach if MD tax is withheld.)	9326.			
	41.	2021 estimated tax payments, amount applied from 2020 return, payment made				
		with an extension request, and Form MW506NRS 41	·			
	42.	Refundable earned income credit (from worksheet in Instruction 21)	·			
	43.	Refundable income tax credits from Part CC, line 10 of Form 502CR				
		(Attach Form 502CR. See Instruction 21.)	·			
	44.	Total payments and credits (Add lines 40 through 43.)	9326.			
	45.	Balance due (If line 39 is more than line 44, subtract line 44 from line 39.				
		See Instruction 22.)	·			
	46.	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46.	1121			
	47.	Amount of overpayment TO BE APPLIED TO 2022 ESTIMATED TAX				
	48.	Amount of overpayment TO BE REFUNDED TO YOU				
REFUND		(Subtract line 47 from line 46.) See line 51	1121.			
	49.	Check here if you are attaching Form 502UP. Enter interest charges from line 18,				
		or for late filing or homebuyer withdrawal penalty $\blacktriangleright$ 49	· •			
AMOUNT DUE	50.	TOTAL AMOUNT DUE (Add lines 45 and 49.)				
ANUONI DUE		IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV				



RESIDENT INCOME TAX RETURN



215020313

2021

Page 4

NAME SRIKANTH REDDY SARASAM 359778662 SSN DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, use Form 588. To comply with banking and NACHA (National Automated Clearing House Association) rules, if this refund will go to an account outside of the United States, place "Y" in this box  $\blacktriangleright$ or if you authorize the State of Maryland to direct deposit your refund, check this box  $\triangleright$  X and complete the following information clearly and legibly. **51a.** Type of account:  $\triangleright$  X Savings Checking **51b.** Routing Number (9-digits) 022300173 51c. Account Number ▶ 722962698 51d. Name(s) as it appears on the bank account 8452331465 Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line) if you authorize your paid preparer Check here if you authorize your preparer to discuss this return with us. Check here if you agree to receive your 1099G Income Tax Refund statement electronically (See not to file electronically. Check here Instruction 24.) Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Your signature Date Spouse's signature Date GLOBAL TAXES LLC 2530 PEBBLE CREEK LN Printed name of the Preparer / or Firm's name Street address of preparer or Firm's address SYAM PRIYA RAM SAGAR GUPTA TALLAM CUMMING GA 30041 Signature of preparer other than taxpayer (Required by Law) City, State, ZIP Code + 4 6789659522 P02082703 Telephone number of preparer Preparer's PTIN (Required by Law)

## For returns filed without payments, mail your completed return to:

Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:

Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888