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	_	
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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									
ERO's EFIN/PIN. 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 104(artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		(99) urn	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		
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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): 1 🗌 881	4 2 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 total tax				. 🕨	24	16,779.
	25	Federal income tax withheld f	from:			1 1			
	а	Form(s) W-2				25a 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 total oth	er payments and	d refundable cred	its 🕨	32	
	33	Add lines 25d, 26, and 32. Th	ese are your to	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 overpaid		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 1040 (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		2 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 24c		
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 adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	
	BΔ 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	- SR, 10 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 and 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 and 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 (Scieet No.		LICOTT CITY	MD	21043
Current Mailing Addres	s Line 2 (Apt No., Su		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.	4. Head	of household			
	5. 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	
EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If		1600.
you are claiming dependents, you must attach the Dependents' Information Form 502B 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	5. 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	10a. Pension exclusion from worksheet (13A) Yourself ► Spouse ► ► 10a	
MARYLAND	10b. Pension exclusion from worksheet (13E) Yourself ► Spouse ► ► 10b.	
INCOME	11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 > 11.	
See Instruction 13.		
	13. Subtractions from attached Form 502SU	
	14. Two-income subtraction from worksheet in Instruction 13 ▶ 14	
	15. Total subtractions (Add lines 8 through 14.)	 107690 ·
	16. Maryland adjusted gross income (Subtract line 15 from line 7.) 16. All taxpayers must select one method and check the appropriate box.	
DEDUCTION		
METHOD	ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.) Table fordered identifications (from line 17 fordered Cabadula A) > 17a	
See Instruction 16.		
	17b. 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
	18. Net income (Subtract line 17 from line 16.) 19. 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		your local tax rate .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