

IRS efile Signature Authorization

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name SARAN KUMAR PABOLU	Social security number 091-92-2073
Spouse's name KRISHNA KAVYA MAREMALLA	Spouse's social security number 323-65-2989

Part I Tax Return Information— Tax Year Ending December 31, 2021 (Enter year you are authorizing)

Enter whole dollars only on lines 1 through 5

Note: Form 1040SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank

1 Adjusted gross income	1	122,592.
2 Total tax	2	12,442.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	19,598.
4 Amount you want refunded to you	4	7,156.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

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

2	2	0	7	3
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

5	2	9	8	9
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication— Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345 Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial SARAN KUMAR	Last name PABOLU	Your social security number 091-92-2073
If joint return, spouse's first name and middle initial KRISHNA KAVYA	Last name MAREMALIA	Spouse's social security number 323-65-2989
Home address (number and street). If you have a P.O. box, see instructions 5050 HACIENDA DR		Apt no 1732
City, town, or post office. If you have a foreign address, also complete spaces below DUBLIN		State CA
Foreign country name		ZIP code 94568
Foreign province/state/county		Foreign postal code

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

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

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

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

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents see instructions and check here▶ <input type="checkbox"/>	ARJUN	PABOLU	999-85-3261	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch B if required	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	122,592.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions	4a	IRA distributions	4b	
	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	122,592.
	10	Adjustments to income from Schedule 1, line 2b	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	122,592.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	25,100.
		b Charitable contributions if you take the standard deduction (see instructions)	12b	
	c Add lines 12a and 12b	12c	25,100.	
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13		
	14 Add lines 12c and 13	14	25,100.	
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	97,492.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	12,942.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	12,942.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	500.
20	Amount from Schedule 3 line 8	20	
21	Add lines 19 and 20	21	500.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	12,442.
23	Other taxes, including self-employment tax, from Schedule 2 line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	12,442.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	19,598.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	19,598.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No Check here if you were born after January 1, 1993, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Non-taxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863 line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3 line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	19,598.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	7,156.
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	7,156.
Direct deposit? See instructions	b Routing number 1 2 1 0 0 0 3 5 8 c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 3 2 5 1 3 0 6 4 6 3 5 2		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst) _____
Spouse's signature. If a joint return, both must sign	Date	Spouse's occupation 323652989	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst) _____

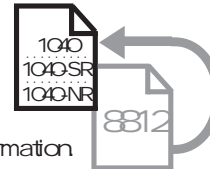
Phone no (925) 404-7897 Email address sarankumarp@gmail.com

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/26/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no (678) 965-9522	Firm's EIN 30-1017196

SCHEDULE 8812
(Form 1040)

Credits for Qualifying Children
and Other Dependents



OMB No 1545-0074

2021

Attachment
Sequence No 47

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040SR, or 1040NR.

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

SARAN KUMAR PABOLU & KRISHNA KAVYA MAREMALLA

Your social security number

091-92-2073

Part I-A Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040SR, or 1040NR	1	122,592.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	122,592.
4a	Number of qualifying children under age 18 with the required social security number	4a	0.
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	0.
c	Subtract line 4b from line 4a	4c	0.
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0-	5	
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number <i>Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also do not include anyone you included on line 4a.</i>	6	1.
7	Multiply line 6 by \$500.	7	500.
8	Add lines 5 and 7.	8	500.
9	Enter the amounts shown below for your filing status: • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	400,000.
10	Subtract line 9 from line 8. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$125, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	500.
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>		

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	500.
b	Subtract line 14a from line 12	14b	0.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A.	14c	12,942.
d	Enter the smaller of line 14a or line 14c	14d	500.
e	Add lines 14b and 14d	14e	500.
f	Enter the aggregate amount of advanced child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you did not receive any advanced child tax credit payments for 2021, enter -0-. <i>Caution: If the amount on this line does not match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.</i>	14f	0.
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14h and go to Part III	14g	500.
h	Enter the smaller of line 14b or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040SR, or 1040NR.	14h	500.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040SR, or 1040NR.	14i	0.

Part I-C Filers Who Do Not Check a Box on Line 13

Caution If you checked a box on line 13, do not complete Part I-C.

15a	Enter the amount from the Credit Limit Worksheet A	15a	
b	Enter the smaller of line 12 or line 15a	15b	
	Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items:		
	1. You are not filing Form 2335		
	2. Line 4a is more than zero		
	3. Line 12 is more than line 15a		
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0	15c	
d	Add lines 15b and 15c	15d	
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you did not receive any advance child tax credit payments for 2021, enter -0	15e	
	Caution: If the amount on this line does not match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
f	Subtract line 15e from line 15d. If zero or less, enter -0 on lines 15f through 15h and go to Part III	15f	
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040SR, or 1040NR	15g	
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040SR, or 1040NR	15h	

Part II-A Additional Child Tax Credit (use only if completing Part I-C)

Caution If you file Form 2335, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

Caution If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0 on line 27	16a	
b	Number of qualifying children under 18 with the required social security number: _____ x \$1,400		
	Enter the result. If zero, skip Parts II-A and II-B and enter -0 on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4a.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Non-taxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500?		
	<input type="checkbox"/> No. Leave line 19 blank and enter -0 on line 20.		
	<input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
	Next, on line 16b, is the amount \$4,200 or more?		
	<input type="checkbox"/> No. If line 20 is zero, enter -0 on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.		
	<input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		

Part II-B Certain Filers Who Have Three or More Qualifying Children

21	Withhold social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040SR filers: Enter the total of the amounts from Form 1040 or 1040SR, line 2a, and Schedule 3 (Form 1040), line 11. } 1040NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24	
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	
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Part III Additional Tax (Use only if line 14g or line 15f, whichever applies, is zero)		
2a	Enter the amount from line 14f or line 15e, whichever applies	2a
b	Enter the amount from line 14e or line 15d, whichever applies	2b
29	Excess advance child tax credit payments. Subtract line 2b from line 2a. If zero, stop; you do not owe the additional tax	29
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line <i>Caution: If the amount on this line does not match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.</i>	30
31	Enter the smaller of line 4a or line 30	31
32	Subtract line 31 from line 30. If zero, skip to line 4d and enter the amount from line 29; otherwise, continue to line 33	32
33	Enter the amounts shown below for your filing status: <ul style="list-style-type: none"> • Married filing jointly or Qualifying widow(er) — \$6,000 • Head of household — \$5,000 • All other filing statuses — \$4,000 	33
34	Subtract line 33 from line 31. If zero or less, enter -0	34
35	Enter the amount from line 33	35
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36
37	Multiply line 32 by \$200	37
38	Multiply line 37 by line 36	38
39	Subtract line 38 from line 37	39
40	Subtract line 39 from line 29. If zero or less, enter -0. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1041), line 19	40

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
 Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
 Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

OMB No 1545-0074

▶ To be completed by preparer and filed with Form 1040, 1040SR, 1040NR, 1040PR, or 1040SS.
 ▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

Attachment
 Sequence No. **70**

Taxpayer name(s) shown on return SARAN KUMAR PABOLU & KRISHNA KAVYA MAREMALLA	Taxpayer identification number 091-92-2073
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Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM	PTIN P02082703
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Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SR, 1040NR, 1040PR, 1040SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- ▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; and
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention:
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ For use by individuals who are not U.S. citizens or permanent residents
▶ See separate instructions

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Before you begin:

- Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).

Application type (check one box):

Apply for a new ITIN

Renew an existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a Nonresident alien required to get an ITIN to claim tax treaty benefit
- b Nonresident alien filing a U.S. federal tax return
- c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return
- d Dependent of U.S. citizen/resident alien } If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ SON
- e Spouse of U.S. citizen/resident alien } If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ SARAN KUMAR PABOLU 091-92-2073
- f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g Dependent/spouse of a nonresident alien holding a U.S. visa
- h Other (see instructions) ▶

Additional information for a and f: Enter treaty country ▶ and treaty article number ▶

Name (see instructions)	1a First name	Middle name	Last name
	ARJUN		PABOLU
Name at birth if different ▶	1b First name	Middle name	Last name

Applicant's Mailing Address

2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.
5050 HACIENDA DR Apt 1732

City or town, state or province, and country. Include ZIP code or postal code where appropriate.
DUBLIN CA USA 94568

Foreign (non-U.S.) Address (see instructions)

3 Street address, apartment number, or rural route number. Don't use a P.O. box number.

City or town, state or province, and country. Include postal code where appropriate.

Birth Information

4 Date of birth (month / day / year) Country of birth City and state or province (optional) 5 Male Female

08/27/2015 INDIA

Other Information

6a Country(ies) of citizenship INDIA

6b Foreign tax I.D. number (if any)

6c Type of U.S. visa (if any), number, and expiration date

6d Identification document(s) submitted (see instructions) Passport Driver's license/State I.D. USCIS documentation Other

Issued by: INDIA No: T8359467 Exp date: 10/08/2024 Date of entry into the United States (MM/DD/YYYY)

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRS#)?
 No/Don't know. Skip line 6f.
 Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

6f Enter ITIN and/or IRS# ▶ ITIN IRS# and name under which it was issued ▶ First name Middle name Last name

6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶

Sign Here

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Signature of applicant (if delegate, see instructions) Date (month/day/year) Phone number

Name of delegate, if applicable (type or print) Delegate's relationship to applicant Parent Court-appointed guardian Power of attorney

SARAN KUMAR PABOLU

Acceptance Agent's Use ONLY

Signature Date (month / day / year) Phone Fax

Name and title (type or print) Name of company EIN PTIN Office code

TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Your name SARAN KUMAR PABOLU	Your SSN or ITIN 091-92-2073
Spouse's/RDP's name KRISHNA KAVYA MAREMALLA	Spouse's/RDP's SSN or ITIN 323-65-2989

Part I Tax Return Information (Whichever is only)

1 California adjusted gross income (AGI). See instructions	1	122,592.
2 Amount You Owe See instructions	2	
3 Refund or Net Amount Due See instructions	3	3,755.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above, agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balanced due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

2	2	0	7	3
---	---	---	---	---

 as my signature on my 2021 e-filed California individual income tax return.
ERO firm name Do not enter all zeros

I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature _____ Date _____

Spouse's/RDP's PIN check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

5	2	9	8	9
---	---	---	---	---

 as my signature on my 2021 e-filed California individual income tax return.
ERO firm name Do not enter all zeros

I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature _____ Date _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (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
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Rul. 1345-2021 Handbook for Authorized e-file Providers.

ERO's signature _____ Date _____ 01/26/2022

2021 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

091-92-2073 PABO 323-65-2989
SARANKUMAR PABOLU
KRISHNAKAVY MAREMALLA

21

5050 HACIENDA DR APT 1732
DUBLIN CA 94568

11-28-1985 01-05-1987

Principal Residence section with fields for county (ALAMEDA), address, apt no, city, state, and zip code.

Filing Status section with options for Single, Married RDP filing jointly, Head of household, Qualifying widow(er), and Married RDP filing separately.

Exemptions section with fields for Personal, Blind, and Senior exemptions, including dollar amounts like \$258.

Your name Your SSN or ITIN

10 Dependents Do not include yourself for your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="radio"/> ARJUN	<input type="radio"/>	<input type="radio"/>
Last Name	<input type="radio"/> PABOLU	<input type="radio"/>	<input type="radio"/>
SSN See instructions	<input type="radio"/> 999853261	<input type="radio"/>	<input type="radio"/>
Dependents relationship to you	<input type="radio"/> SON	<input type="radio"/>	<input type="radio"/>

Total dependent exemptions 10 X \$400 = \$

11 Exemption amount Add line 7 through line 10 Transfer this amount to line 32 11 \$

12 State wages from your federal Form(s) W-2 box 16 12

13 Enter federal adjusted gross income from federal Form 1040 or 1040SR, line 11 13

14 California adjustments—subtractions Enter the amount from Schedule CA (54), Part I, line 27, column B 14

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses See instructions 15

16 California adjustments—additions Enter the amount from Schedule CA (54), Part I, line 27, column C 16

17 California adjusted gross income Combine line 15 and line 16 17

18 Enter the larger of
 { Your California itemized deductions from Schedule CA (54), Part II, line 30 OR
 Your California standard deductions shown below for your filing status
 • Single or Married/RDP filing separately \$4800
 • Married/RDP filing jointly Head of household or Qualifying widow(er) ... \$9606
 If Married/RDP filing separately or the box on line 6 is checked STOP. See instructions 18

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0 19

31 Tax Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 31

32 Exemption credits Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions 32

33 Subtract line 32 from line 31. If less than zero, enter -0 33

34 Tax See instructions Check the box if from Schedule G-1 FTB 5870A 34

35 Add line 33 and line 34 35

40 Nonrefundable Child and Dependent Care Expenses Credit See instructions 40

43 Enter cred trame code and amount .. 43

44 Enter cred trame code and amount .. 44

Your name Your SSN or ITIN

Special Credits	45	Today more than two credits. See instructions. Attach Schedule P (54)	<input type="radio"/>	45	<input type="text"/>	<input type="text"/>
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46	<input type="text"/>	<input type="text"/>
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	<input type="text"/>	<input type="text"/>
	48	Subtract line 47 from line 35. If less than zero, enter -0	<input checked="" type="radio"/>	48	<input type="text" value="3977"/>	<input type="text"/>

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (54)	<input type="radio"/>	61	<input type="text"/>	<input type="text"/>
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62	<input type="text"/>	<input type="text"/>
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63	<input type="text"/>	<input type="text"/>
	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	<input type="radio"/>	64	<input type="text"/>	<input type="text"/>
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	<input type="radio"/>	65	<input type="text" value="3977"/>	<input type="text"/>

Payments	71	California income tax withheld. See instructions	<input type="radio"/>	71	<input type="text" value="7732"/>	<input type="text"/>
	72	2021 CA estimated tax and other payments. See instructions	<input type="radio"/>	72	<input type="text"/>	<input type="text"/>
	73	Withholding (Form 5922-B and/or 593). See instructions	<input type="radio"/>	73	<input type="text"/>	<input type="text"/>
	74	Excess SDI (or VFD) withheld. See instructions	<input type="radio"/>	74	<input type="text"/>	<input type="text"/>
	75	Earned Income Tax Credit (EITC)	<input type="radio"/>	75	<input type="text"/>	<input type="text"/>
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76	<input type="text"/>	<input type="text"/>
	77	Net Premium Assistance Subsidy (PAS). See instructions	<input type="radio"/>	77	<input type="text"/>	<input type="text"/>
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	<input type="text" value="7732"/>	<input type="text"/>

Use Tax	91	Use Tax. Do not leave blank. See instructions	<input type="radio"/>	91	<input type="text" value="0"/>	<input type="text"/>
	If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed <input type="checkbox"/> You paid your use tax obligation directly to CDFA.					

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or Coverage is qualifying health care coverage	<input checked="" type="radio"/>	92	<input type="text"/>	<input type="text"/>
	If you did not check the box, see instructions.					
		Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	92	<input type="text"/>	<input type="text"/>

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	<input type="text" value="7732"/>	<input type="text"/>
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94	<input type="text"/>	<input type="text"/>
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	<input checked="" type="radio"/>	95	<input type="text" value="7732"/>	<input type="text"/>
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92	<input checked="" type="radio"/>	96	<input type="text"/>	<input type="text"/>

Your name

Your SSN or ITIN

Overpaid Tax/Tax Due

97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95.	<input checked="" type="radio"/>	97	<input type="text" value="3755"/>	<input type="text"/>
98	Amount of line 97 you want applied to your 2022 estimated tax.	<input type="radio"/>	98	<input type="text" value="0"/>	<input type="text"/>
99	Overpaid tax available this year. Subtract line 98 from line 97.	<input type="radio"/>	99	<input type="text" value="3755"/>	<input type="text"/>
100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65.	<input checked="" type="radio"/>	100	<input type="text"/>	<input type="text"/>

Contributions

			Code	Amount	
California Senior Special Fund. See instructions.	<input type="radio"/>	400	<input type="text"/>	<input type="text"/>	
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund.	<input type="radio"/>	401	<input type="text"/>	<input type="text"/>	
Rare and Endangered Species Preservation Voluntary Tax Contribution Program.	<input type="radio"/>	403	<input type="text"/>	<input type="text"/>	
California Breast Cancer Research Voluntary Tax Contribution Fund.	<input type="radio"/>	405	<input type="text"/>	<input type="text"/>	
California Firefighters' Memorial Voluntary Tax Contribution Fund.	<input type="radio"/>	406	<input type="text"/>	<input type="text"/>	
Emergency Food for Families Voluntary Tax Contribution Fund.	<input type="radio"/>	407	<input type="text"/>	<input type="text"/>	
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund.	<input type="radio"/>	408	<input type="text"/>	<input type="text"/>	
California Sea Otter Voluntary Tax Contribution Fund.	<input type="radio"/>	410	<input type="text"/>	<input type="text"/>	
California Cancer Research Voluntary Tax Contribution Fund.	<input type="radio"/>	413	<input type="text"/>	<input type="text"/>	
School Supplies for Homeless Children Voluntary Tax Contribution Fund.	<input type="radio"/>	422	<input type="text"/>	<input type="text"/>	
State Parks Protection Fund/Parks Pass Purchase.	<input type="radio"/>	423	<input type="text"/>	<input type="text"/>	
Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	<input type="radio"/>	424	<input type="text"/>	<input type="text"/>	
Keep Arts in Schools Voluntary Tax Contribution Fund.	<input type="radio"/>	425	<input type="text"/>	<input type="text"/>	
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund.	<input type="radio"/>	431	<input type="text"/>	<input type="text"/>	
California Senior Citizen Advocacy Voluntary Tax Contribution Fund.	<input type="radio"/>	433	<input type="text"/>	<input type="text"/>	
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund.	<input type="radio"/>	439	<input type="text"/>	<input type="text"/>	
Rape Kit Backlog Voluntary Tax Contribution Fund.	<input type="radio"/>	440	<input type="text"/>	<input type="text"/>	
Schools Not Prisons Voluntary Tax Contribution Fund.	<input type="radio"/>	443	<input type="text"/>	<input type="text"/>	
Suicide Prevention Voluntary Tax Contribution Fund.	<input type="radio"/>	444	<input type="text"/>	<input type="text"/>	
Mental Health Crisis Prevention Voluntary Tax Contribution Fund.	<input type="radio"/>	445	<input type="text"/>	<input type="text"/>	
California Community and Neighborhood Tree Voluntary Tax Contribution Fund.	<input type="radio"/>	446	<input type="text"/>	<input type="text"/>	
110 Add code 400 through code 446. This is your total contribution.	<input type="radio"/>	110	<input type="text"/>	<input type="text"/>	

Your name Your SSN or ITIN

Amount You Owe 111 AMOUNT YOU OWE If you brotha ve an amount on line 99 ad line 94 line 96 line 100 and line 110 See instructions Do not send cash
Mail to FRANCHSE TAX BOARD PO BOX 92867 SACRAMENTO CA 9267001..... ● 111
Pay Online - Go to ftb.ca.gov/pay for more information

Interest and Penalties 112 Interest, late return penalties and late payment penalties..... 112
113 Underpayment of estimated tax
Check the box FTB 585 attached FTB 585F attached..... ● 113
114 Total amount due See instructions Enclose but do not staple any payment..... 114

115 REFUND OR NO AMOUNT DUE Subtract the sum of line 110 line 112 and line 113 from line 99 See instructions.
Mail to FRANCHSE TAX BOARD PO BOX 92867 SACRAMENTO CA 9267001..... ● 115

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts Do not attach a voided check or a deposit slip
See instructions **Have you verified the routing and account numbers?** Use white ink only
All or the following amount of my refund (line 115) is authorized for direct deposit into the accounts shown below
● Type
● Routing number Checking ● Account number ● 116 Direct deposit amount
 Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the accounts shown below
● Type
● Routing number Checking ● Account number ● 117 Direct deposit amount
 Savings

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return
Our privacy notice can be found in annual tax booklets or online Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 ENSP Franchise Tax Board Privacy Notice on Collection To request this notice by mail, call 800-380-0586 and enter form code 948 when instructed
Under penalties of perjury I declare that I have examined this tax return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address Enter only one email address
 Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature

Joint tax return? (See instructions)

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions..... ● Yes No

Print Third Party Designee's Name Telephone Number

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

Your first name and middle initial SARAN KUMAR	Last name PABOLU	Your social security number 091-92-2073
If joint return, spouse's first name and middle initial KRISHNA KAVYA	Last name MAREMALIA	Spouse's social security number 323-65-2989
Home address (number and street). If you have a P.O. box, see instructions 5050 HACIENDA DR		Apt no 1732
City, town, or post office. If you have a foreign address, also complete spaces below DUBLIN		State CA
Foreign country name		ZIP code 94568
Foreign province/state/county		Foreign postal code

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

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

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

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

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents see instructions and check here▶ <input type="checkbox"/>	ARJUN	PABOLU	999-85-3261	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch B if required	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	122,592.
	2a	Tax-exempt interest	2a	
	2b	Taxable interest	2b	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions	3a	Qualified dividends	3a	
	3b	Ordinary dividends	3b	
	4a	IRA distributions	4a	
	4b	Taxable amount	4b	
	5a	Pensions and annuities	5a	
	5b	Taxable amount	5b	
	6a	Social security benefits	6a	
	6b	Taxable amount	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	122,592.
	10	Adjustments to income from Schedule 1, line 2b	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	122,592.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	25,100.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	
	12c	Add lines 12a and 12b	12c	25,100.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12c and 13	14	25,100.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	97,492.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	12,942.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	12,942.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	500.
20	Amount from Schedule 3 line 8	20	
21	Add lines 19 and 20	21	500.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	12,442.
23	Other taxes, including self-employment tax, from Schedule 2 line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	12,442.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	19,598.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	19,598.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No Check here if you were born after January 1, 1993, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Non-taxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863 line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3 line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	19,598.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	7,156.
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	7,156.
Direct deposit? See instructions	b Routing number 1 2 1 0 0 0 3 5 8 c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 3 2 5 1 3 0 6 4 6 3 5 2		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst) _____
Spouse's signature. If a joint return, both must sign	Date	Spouse's occupation 323652989	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst) _____

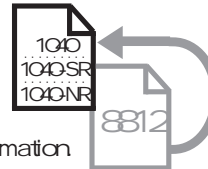
Phone no (925) 404-7897 Email address sarankumarp@gmail.com

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/26/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no (678) 965-9522	Firm's EIN 30-1017196

SCHEDULE 8812
(Form 1040)

Credits for Qualifying Children
and Other Dependents



OMB No 1545-0074

2021

Attachment
Sequence No 47

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040SR, or 1040NR.

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return: SARAN KUMAR PABOLU & KRISHNA KAVYA MAREMALLA
Your social security number: 091-92-2073

Part I-A Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040SR, or 1040NR	1	122,592.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	122,592.
4a	Number of qualifying children under age 18 with the required social security number	4a	0.
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	0.
c	Subtract line 4b from line 4a	4c	0.
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0-	5	
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number <i>Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also do not include anyone you included on line 4a.</i>	6	1.
7	Multiply line 6 by \$500.	7	500.
8	Add lines 5 and 7.	8	500.
9	Enter the amounts shown below for your filing status: • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$125, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	500.
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>		

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	500.
b	Subtract line 14a from line 12	14b	0.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A.	14c	12,942.
d	Enter the smaller of line 14a or line 14c	14d	500.
e	Add lines 14b and 14d	14e	500.
f	Enter the aggregate amount of advanced child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you do not receive any advanced child tax credit payments for 2021, enter -0-. <i>Caution: If the amount on this line does not match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.</i>	14f	0.
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14h and go to Part III	14g	500.
h	Enter the smaller of line 14b or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040SR, or 1040NR.	14h	500.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040SR, or 1040NR.	14i	0.

Part I-C Filers Who Do Not Check a Box on Line 13

Caution If you checked a box on line 13, do not complete Part I-C.

15a	Enter the amount from the Credit Limit Worksheet A	15a	
b	Enter the smaller of line 12 or line 15a	15b	
	Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items:		
	1. You are not filing Form 2335		
	2. Line 4a is more than zero		
	3. Line 12 is more than line 15a		
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0	15c	
d	Add lines 15b and 15c	15d	
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you did not receive any advance child tax credit payments for 2021, enter -0	15e	
	Caution: If the amount on this line does not match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
f	Subtract line 15e from line 15d. If zero or less, enter -0 on lines 15f through 15h and go to Part III	15f	
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040SR, or 1040NR	15g	
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040SR, or 1040NR	15h	

Part II-A Additional Child Tax Credit (use only if completing Part I-C)

Caution If you file Form 2335, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

Caution If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0 on line 27	16a	
b	Number of qualifying children under 18 with the required social security number: _____ x \$1,400		
	Enter the result. If zero, skip Parts II-A and II-B and enter -0 on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4a.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Non-taxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500?		
	<input type="checkbox"/> No. Leave line 19 blank and enter -0 on line 20.		
	<input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
	Next, on line 16b, is the amount \$4,200 or more?		
	<input type="checkbox"/> No. If line 20 is zero, enter -0 on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.		
	<input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		

Part II-B Certain Filers Who Have Three or More Qualifying Children

21	Withhold social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040SR filers: Enter the total of the amounts from Form 1040 or 1040SR, line 2a, and Schedule 3 (Form 1040), line 11. } 1040NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24	
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	
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Part III Additional Tax (Use only if line 14g or line 15f, whichever applies, is zero)		
2a	Enter the amount from line 14f or line 15e, whichever applies	2a
b	Enter the amount from line 14e or line 15d, whichever applies	2b
29	Excess advance child tax credit payments. Subtract line 2b from line 2a. If zero, stop; you do not owe the additional tax	29
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line <i>Caution: If the amount on this line does not match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.</i>	30
31	Enter the smaller of line 4a or line 30	31
32	Subtract line 31 from line 30. If zero, skip to line 4d and enter the amount from line 29; otherwise, continue to line 33	32
33	Enter the amounts shown below for your filing status: <ul style="list-style-type: none"> • Married filing jointly or Qualifying widow(er) — \$6,000 • Head of household — \$5,000 • All other filing statuses — \$4,000 	33
34	Subtract line 33 from line 31. If zero or less, enter -0	34
35	Enter the amount from line 33	35
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36
37	Multiply line 32 by \$200	37
38	Multiply line 37 by line 36	38
39	Subtract line 38 from line 37	39
40	Subtract line 39 from line 29. If zero or less, enter -0. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1041), line 19	40

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
 Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
 Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

OMB No 1545-0074

► To be completed by preparer and filed with Form 1040, 1040SR, 1040NR, 1040PR, or 1040SS.
 ► Go to www.irs.gov/Form8867 for instructions and the latest information.

Attachment
 Sequence No. **70**

Taxpayer name(s) shown on return SARAN KUMAR PABOLU & KRISHNA KAVYA MAREMALLA	Taxpayer identification number 091-92-2073
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Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM	PTIN P02082703
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Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).
 EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SR, 1040NR, 1040PR, 1040SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List those documents provided by the taxpayer, if any, that you relied on _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- ▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; and
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention:
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ For use by individuals who are not U.S. citizens or permanent residents
▶ See separate instructions

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Before you begin:

- Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).

Application type (check one box):
 Apply for a new ITIN
 Renew an existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a Nonresident alien required to get an ITIN to claim tax treaty benefit
- b Nonresident alien filing a U.S. federal tax return
- c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return
- d Dependent of U.S. citizen/resident alien } If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ SON
- e Spouse of U.S. citizen/resident alien } If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ SARAN KUMAR PABOLU 091-92-2073
- f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g Dependent/spouse of a nonresident alien holding a U.S. visa
- h Other (see instructions) ▶

Additional information for a and f: Enter treaty country ▶ and treaty article number ▶

Name (see instructions)	1a First name	Middle name	Last name
	ARJUN		PABOLU
Name at birth if different . . . ▶	1b First name	Middle name	Last name

Applicant's Mailing Address

2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.
5050 HACIENDA DR Apt 1732

City or town, state or province, and country. Include ZIP code or postal code where appropriate.
DUBLIN CA USA 94568

Foreign (non-U.S.) Address (see instructions)

3 Street address, apartment number, or rural route number. Don't use a P.O. box number.

City or town, state or province, and country. Include postal code where appropriate.

Birth Information

4 Date of birth (month / day / year) Country of birth City and state or province (optional) 5 Male Female

08/27/2015 INDIA

Other Information

6a Country(ies) of citizenship INDIA

6b Foreign tax I.D. number (if any)

6c Type of U.S. visa (if any), number, and expiration date

6d Identification document(s) submitted (see instructions) Passport Driver's license/State I.D.
 USCIS documentation Other _____ Date of entry into the United States (MM/DD/YYYY) _____

Issued by: INDIA No: T8359467 Exp date: 10/08/2024

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRS#)?
 No/Don't know. Skip line 6f.
 Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

6f Enter ITIN and/or IRS# ▶ ITIN IRS# and name under which it was issued ▶
 First name Middle name Lastname

6g Name of college/university or company (see instructions) ▶ _____ Length of stay ▶ _____

Sign Here

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Signature of applicant (if delegate, see instructions) Date (month/day/year) Phone number

Name of delegate, if applicable (type or print) Delegate's relationship to applicant Parent Court-appointed guardian Power of attorney

SARAN KUMAR PABOLU

Acceptance Agent's Use ONLY

Signature Date (month / day / year) Phone Fax

Name and title (type or print) Name of company EIN PTIN Office code