Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

	1.01.01.00				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
CHET	TANA GURURAJ	531-97	-529	4	
Spouse'	s name	Spouse's soc	ial seci	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Ente	│ r vear vou a	re au	thorizina	.)
	whole dollars only on lines 1 through 5.	, y can y c c. c.			-/
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	80	,469.
2	Total tax		2	10	,692.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13	3,248.
4	Amount you want refunded to you		4	2	2,556.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	ırn)
return (to send for any Agent t paymer authoriz paymer busines taxes to persona	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abording a mended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Uointiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the transfer of the payment (settlement) date. I also authorize the financial institutions involved in the particle of the payment (settlement) date. I also authorize the financial institutions involved in the payment considerable information necessary to answer inquiries and resolve issues related to the payment withdrawal Consent.	itter, or electro- ection of the transcription. S. Treasury a icated in the transcription to debit the ended to the authorization of the uests must be processing of payment. I furi	onic refansmis and its of ax preperture entry ation. The receive the electrical action at the electrical action.	turn origina ssion, (b) the designated paration so to this acce To revoke ved no lat ectronic park knowledge	ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
X		my PIN 7	5 2	2 9 4	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	En		digits, but r all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Your s	ignature ▶ Date ▶				
Spous	e's PIN: check one box only				
	I authorize to enter or generate	my PIN			as my
	ERO firm name	-	ter five	digits, but	aomy
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	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 Don't ent	8 6 er all <i>ze</i>	1 9 8	3 9
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	ax return (origi nitting this retu	nal or ırn in a	amended) accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single Married filing jointly but checked the MFS box, enter the notion is a child but not your dependent	ame of	, ,	heck	_		,	<i>,</i> –	_	, ,	, , , ,
Your first name			Last na						١	our so	cial securit	ty number
CHETANA			GURU	JRAJ						531-9	97-529	4
If joint return, s	pouse's	s first name and middle initial	Last na	ıme					5	Spouse's	s social sec	curity number
									8	366-3	36-376	1
Home address 4610 MAI		er and street). If you have a P.O. box, see Y DR	instructi	ons.				Apt. no.			ntial Election	on Campaign
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP	code				ntly, want \$3
FREMONT					CZ	Ą	94	538		_	tnis tuna. ow will not	Checking a
Foreign country	/ name			Foreign province/state/	count	ty	Fore	ign postal co			or refund.	•
At any time du	ring 20	021, did you receive, sell, exchange,	or othe	erwise dispose of an	y fina	incial interest	in an	y virtual cu	ırrenc	y?	Yes	⊠ No
Standard Deduction	_	neone can claim: You as a de Spouse itemizes on a separate retur		•								
Age/Blindness	You	: Were born before January 2, 1	957	Are blind Spe	ouse	: Was bo	rn be	fore Janua	ıry 2,	1957	☐ Is bl	lind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip	(4) 🗸	if qua	lifies for	r (see instru	ictions):
If more	(1) First name Last name number to you Child tax credit		dit	Credit for ot	her dependents							
than four											[
dependents, see instructions	s ——											
and check												
here ▶											[
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2						1		89,359.
Attach Sch. B if	2 a	Tax-exempt interest	2a		b T	axable interes	t			2b		
required.	3a	Qualified dividends	3a		b C	rdinary divide	nds			3b		
	4a	IRA distributions	4a		b T	axable amoun	nt.			4b		
	5a	Pensions and annuities	5a		b T	axable amoun	nt.			5b		
Standard	6a	Social security benefits	6a		b T	axable amoun	nt .			6b		
• Single or	7	Capital gain or (loss). Attach Schee	dule D i	f required. If not requ	uired	, check here		🕨	▶ □	7		
Married filing	8	Other income from Schedule 1, lin	e 10							8		-8,890.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is your total inc	ome				. ▶	9	3	80,469.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26						10		
jointly or Qualifying	11_	Subtract line 10 from line 9. This is	your a	djusted gross inco	ne				. ▶	11		80,469.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from Schedule	A)	12	а	12,	550			
Head of	b	Charitable contributions if you take	the star	ndard deduction (see	instr	uctions) 12	b					
household, \$18,800	С	Add lines 12a and 12b								120	; :	12,550.
If you checked	13	Qualified business income deduct	ion from	n Form 8995 or Form	899	5-A				13		
any box under Standard	14	Add lines 12c and 13								14		12,550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or less,	ente	r-0				15	(67,919.

Form 1040 (2021	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		16	10,692.
	17	Amount from Schedule 2, lin	ie 3					17	
	18	Add lines 16 and 17						18	10,692.
	19	Nonrefundable child tax cred	dit or credit for c	ther depender	nts from Schedule	e 8812		19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,692.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				▶	24	10,692.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 13	3,248.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	13,248.
If you have a	26	2021 estimated tax payment	ts and amount a	pplied from 20	20 return			26	
qualifying child,	27a	Earned income credit (EIC)				27a			
attach Sch. EIC.		Check here if you were by January 2, 2004, and you taxpayers who are at least a	u satisfy all the ge 18, to claim t	e other requi the EIC. See in	rements for				
	b	Nontaxable combat pay elec				_			
	С	Prior year (2019) earned inco							
	28	Refundable child tax credit or	-						
	29	American opportunity credit				29		-	
	30	Recovery rebate credit. See				30		-	
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug						32	12 040
	33	Add lines 25d, 26, and 32. T						33	13,248.
Refund	34	If line 33 is more than line 24				•	_	34	2,556.
Di	35a	Amount of line 34 you want i				_		35a	2,556.
Direct deposit? See instructions.	▶b	Routing number 1 2 1			,, <u> </u>	Checking	Savings		
	► d	Account number 3 2 5				1			
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Amount you owe. Subtract				1 1		37	
Third Party	38 Do	Estimated tax penalty (see in you want to allow another				38			
Designee	ins	tructions				_	omplete b		× No
		signee's		Phone		Pers	onal identi	fication	
Sign	Und	me ► der penalties of perjury, I declare t ief, they are true, correct, and com				nedules and stateme		the bes	
Here		ur signature	protor Boolar allorr	Date	Your occupation		If the	IRS ser	nt you an Identity
l-i-t0					SOFTWARE 1	ENCTNEED		inst.) ▶	N, enter it here
Joint return? See instructions.	Spo	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat		,	•	nt your spouse an
Keep a copy for your records.	op.	odoo o olghataro. II a johit rotarii, k	our made digm	Bato	орошоо о оооцра		Iden		ection PIN, enter it here
	Pho	one no. (202)957-674	3	Email address	AJITRANA5	@GMAIL.COM			
Paid	Pre	parer's name	Preparer's signat	ture		Date	PTIN		Check if:
Proparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/08/2022	P0208	2703	Self-employed
Preparer Use Only	Firr	Firm's name ► GLOBAL TAXES LLC Pho						ne no. (678)965-9522
	Firr	n's address ▶ 2530 Pebbi	le Creek I	n Cummin	g GA 30041		Firm	's EIN ▶	30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 02/17/22 PRO			Form 1040 (2021)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

Sequence No. 01
Your social security number
531-97-5294

CHET	ANA GURURAJ		531-9	7-52	94
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxe	s		1	
2 a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions)	-			
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E			5	-8,890.
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			
ı	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	81		-	
m	Section 951(a) inclusion (see instructions)	8m		-	
n	Section 951A(a) inclusion (see instructions)	8n			
0	Section 461(I) excess business loss adjustment	80			
р	Taxable distributions from an ABLE account (see instructions) .	8p			
Z	Other income. List type and amount ▶	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1				
	1040-NR, line 8			10	-8,890.

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	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	>		ı
С	Date of original divorce or separation agreement (see instructions)	-		ı
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			ı
а	Jury duty pay (see instructions)	24a		ı
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		ı
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		ı
d	Reforestation amortization and expenses	24d		ı
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		ı
f	Contributions to section 501(c)(18)(D) pension plans	24f		ı
g	Contributions by certain chaplains to section 403(b) plans	24g		ı
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		ı
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		ſ
j	Housing deduction from Form 2555	24j		ı
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		ſ
Z	Other adjustments. List type and amount ▶	24z		1
25	Total other adjustments. Add lines 24a through 24z		25	1
26	Add lines 11 through 23 and 25. These are your adjustments to			
	here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line	e 10a	26	1

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2021

Attachment Sequence No. 13

Name(s) shown on return
CHETANA GURURAJ

Department of the Treasury Internal Revenue Service (99)

Your social security number

	ANA GURURAJ								31-9/-		
Part		s From Rental Real Estate and Roy instructions. If you are an individual, repo			-						
A Dic		nts in 2021 that would require you to									
		ou file required Form(s) 1099?									es 🗆 No
1a	Physical address of	each property (street, city, state, ZIF	code	<u></u>	· ·					<u> </u>	
A	FDVC EFDC FERV		cour	<u> </u>							
В	TOVE BIDE TERV	TIV BI									
	Type of Property	2 For each rental real estate prop	nerty I	listed		Fair	Rental	Per	sonal U	se	0.07
	(from list below)	above, report the number of fai	ir rent	al and		_	Days		Days		QJV
Α	3	personal use days. Check the of if you meet the requirements to	QJV b	oox only	Α		365		0		
В		qualified joint venture. See inst	ructio	ns.	В						
С					С						
Type o	of Property:										_
	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental				
2 Mul	ti-Family Residence	4 Commercial	6 Ro	yalties		8 Othe	r (describe)			
Incom	ie:	Properties:		ĺ	Α			3			С
3	Rents received		3			450.					
4			4								
Expen											
5	Advertising		5								
6	Auto and travel (see in	nstructions)	6								
7		nance	7		1	,400.					
8	Commissions		8								
9	Insurance		9								
10		essional fees	10								
11			11		1	,600.					
12		d to banks, etc. (see instructions)	12								
13			13								
14			14			,000.					
15			15		1	,940.					
16			16								
17			17		2	,400.					
18	•	e or depletion	18								
19	Other (list)		19								
20	•	lines 5 through 19	20		9	,340.					
21		line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must	04		0	0.00					
	file Form 6198		21		-8	,890.					
22		l estate loss after limitation, if any,	00	,	0	000)	/				
025	,	structions)	22 rtion	[(8,	890.)	l	Λ	50.		
23a		eported on line 3 for all rental proper				23a		4	50.		
b		eported on line 4 for all royalty properties				23b					
C C		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d 23e		9,3	40		
e 24		eported on line 20 for all properties e amounts shown on line 21. Do no						J, 3	24 .		
24 25	•	e amounts shown on line 21. Do no sses from line 21 and rental real estate		-				·	25 (8,890.
									23 (0,030.
26		ate and royalty income or (loss).									
		V, and line 40 on page 2 do not a		-					26		-8.890.

E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

2021

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter CHETANA GURURAJ** т 97 г 5294 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI) *Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 23,680 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance of Tax 518 00 ROUTING NUMBER 2 1 0 0 0 3 5 8 639 00 □ Checking ■ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 3 2 5 1 2 8 6 2 5 5 2 121 00 1 **4 ⊠ REFUND**: Enter the amount of refund..... DIRECT DEBIT REQUEST DATE იი DIRECT DEBIT PAYMENT AMOUNT 5 ☐ AMOUNT YOU OWE: Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2021, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return 6a X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2021 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** \prod I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2021. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 18, 2022, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE SPOUSE'S PEN AND INK SIGNATURE DATE

RETURN.			Arizona Form 140NR	Nonresider	nt Perso	onal In	come Ta	ax Ret	urn		ALENDAR YEAR 2021	
RET	82F		Check box 82F filing under extension	OR FISCAL YEAR BEG	INNING L		12,0,2	1_ and e	ENDING			66F
뿓		Your I	First Name and Middle Initial		Last	Name			Enter	Your Soci	al Security Nu	
TOT	_		TANA			URAJ			vour	531	97 529	
		Spou: FNU	se's First Name and Middle In	nitial (if box 4 or 6 checked)		Name T RANA			SSN(s).	•	Social Securit	-
EM	_		nt Home Address - number a	nd street rural route	AUI	AMAA I.	Apt. No.		Daytime P	866	36 376 n area code)	<u> </u>
ANY ITEMS			0 MARGERY DR	na caroot, raran routo			7.01.110.		94	none (with	raioa ooao,	
AN	_	City, 7	Town or Post Office	State		ZIP Code		Last Na	mes Used in La	st Four Pric	or Year(s) (if diff	
끸	3	FRE	MONT	CA		94538						97
OT STAPLE	FILING STATUS	4 5	Married filing joint return Head of household: En	n 4a Injured Spouse ter name of qualifying child or d			erpayment	REVEN 88R	UE USE ONLY.	DO NOT M	ARK IN THIS A	REA.
DO NOT		6		return: Enter spouse's name a	and Social Se	ecurity Numb	er above.					
Ω	\vdash	7	✓ Single ✓ Enter the number claim	med. Do not put a check	mark.							
	d 10b	8	Age 65 or over (you and	d/or snouse) If completing I	lines 8 and 9			81P PM		808	RCVD	
	a and	9	Blind (you and/or spous	' and 48 For liv	nes 10a and	10b, compl	ete line 59.	』 '			_	
	s 10a	10a	Dependents: Under age	e of 17. 10b De	pendents: A	Age 17 and	over.					
		11-13	Residency Status (check o	one): 11 Nonresident 1	2 Nonre	sident Activ	ve Military 1	I 3 ☐ Con	nposite Return	ı (see insti	uctions - page	28)
	Depen		(Box 10a and 10b): Deper	ndent Information. See inst	ructions. F	or more sp	ace, check	the box	and comp	lete page	4.	
	1		(a) FIRST AND L		(b SOCIAL SEC		(c) RELATIONSH	IIP NO OF	(d) MONTHS ✓ Dep	(e) endent Age	(f) ✓ if you did no	t claim
	and 9		(Do not list yours		000,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			LIVED	IN YOUR INC	cluded in: 2	if you did no this person on federal return of	lue to
	∞							1101111	(Box 1)	0a) (Box 10l	educational cr	edits
	Exemptions	10c 10d								ᆉ		
نہ	emp	10a								╛		
N	ñ	10f										
nts after Form 140NR		14	Check box 14 if married and						1 FEDERAL	ll ll	2021 ARIZON	
L I			who qualifies for relief under						rom Federal Ret		ource Amount O	<u> </u>
5			Wages, salaries, tips, etc Interest					15 16	89,359	00	23,680	00
fte		17	Dividends					17		00		00
Sa	ome		Arizona income tax refunds				1	18		00		00
	()	19	Business income or (loss) fro	om federal Schedule C				19		00		00
m	Arizona In		Gains or (losses) from federa					20	0 000	00		00
9	Ariz	21 22	Rents, royalties, partnerships, es Other income reported on yo		•		Г	21	-8,890	00		00
e		23	Total income: Add lines 15 three	•				23	80,469		23,680	
ot			Other federal adjustments:	-				24		00		00
0.		25	Federal adjusted gross incor	ne: Subtract line 24 from line 2	23 in the FED	ERAL colum	nn	25	80,469	00		
schedules or other docume			Arizona gross income: Subtra								23,680	
edı			Arizona income ratio: Divid Small Business Income: 288	-	•						0.294	00
sch			Modified Arizona gross incom	-							23,680	
AZ §	ns	30	Total depreciation included in	Arizona gross income								00
nd /	Addition	This	box may be blank or may contain	a printed barcode of data from	your return.	31 Partners	ship Income ad	djustment.	See instructions	31		00
a	Ad								nstructions		22 600	00
lera	7				XXXX		t al: Add lines ced gain/loss		and 32	00	23,680	100
fed	age			over in high in the control that the con			erm gain/loss			00		
pe.	on p						_	36		00		
Place any required federal and AZ	Subtractions – cont. on page 2			, mar, mar, mar, mar, mar, mar, mar, mar		37 Net L/T g	ain. See instr.	37		00		
ē	S - C						-					00
any	tion								nall business on			00
9	otrac		MATERIA BANGARAN MENGANTAN MENGANTAN MENGANTAN MENGANTAN MENGANTAN MENGANTAN MENGANTAN MENGANTAN MENGANTAN MEN	AND THE THE PROPERTY OF THE PR	urr m (V III				tions			00
Pla	Suk						•		ı line 33		23,680	

ADOR 10413 (21) 1555

FOR CALENDAR YEAR

	Value	Name (as shown on page 1)	our Social Security Nu	unah a r		_
		, , , ,	•			
	CH.	ETANA GURURAJ	531-97-5294	:		\perp
IS -	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills		43		00
Subtractions ont. from pag	44	Agricultural crops contributed to Arizona charitable organizations		44		00
btra t. fro	45	Other Subtractions from Income: Complete Other Subtractions from Arizona Gross Income scheen	dule on page 6	45		00
Su	46	Subtract lines 43 through 45 from line 42. Enter the difference		46	23,680	00
	47	Age 65 or over: Multiply the number in box 8 by \$2,100	7	00		
ns	48	Blind: Multiply the number in box 9 by \$1,500	8	00		
otio	49	Other Exemptions: See instructions49E Multiply the number in box 49E by \$2,300	9	00		
Exemptions	50	Add lines 47, 48, and 49. Enter the total	50	00		
Ä	51	Multiply line 50 by the Arizona ratio on line 27		51		00
	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"			23,680	00
	53	Deductions: Check box and enter amount. See instructions			3,690	00
	54	If you checked box 53S and claim charitable contributions, check 54C Complete page 3. See in		54		00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"		55	19,990	00
ax	56a	Compute the tax using amount from line 55 and Tax TableS X and Y			518	00
of Tax		of line 55 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surchar				00
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 30				00
Balance	58	Subtotal of tax: Add lines 56a, 56b and 57. Enter the total			518	
Ř	59	Dependent Tax Credit. See instructions.				00
	60	Nonrefundable credits from Arizona Form 301, Part 2, line 61		60		00
	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, er		61	518	
and	62	2021 AZ income tax withheld		62	639	
Total Payments and Refundable Credits	63	2021 AZ estimated tax payments63a 00 Claim of Right 63b				00
yme	64	2021 AZ extension payment (Form 204)		64		00
I Pa	65	Other refundable credits: Check the box(es) and enter the total amount		- · · -		00
Tota Refu	66	Total payments and refundable credits: Add lines 62 through 65. Enter the total		66	639	
	67	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines 6			002	00
e or /mei	68	OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpaymen		68	121	
Tax Due or Overpayment	69	Amount of line 68 to be applied to 2022 estimated tax		69	121	00
Tay	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference		70	121	
"		Solutions Teams		'	121	100
Gifts	′ '	- 81 Voluntary Gifts to: Assigned to Schools71 Child Abuse Prevention73 OD Domestic Violence Services 74 OD Political Gift		1		
J.		Neighbors Helping Neighbors 76 OO Special Olympics				
Voluntary		I Didn't Pay Enough Fund79 00 Special originities 80 00 Spay/Neuter of Animals and Road Fund		1		
No	82	Political Party (if amount is entered on line 75 - check only one): 821 Democratic 822 Libertarian 82	_	J		
£		Estimated payment penalty	3IXepublican	83		00
nalt		841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included		63		100
Penal		Add lines 71 through 81 and 83. Enter the total		0.5		00
	85	REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87		85	121	
Refund or Amount Owed	86	Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see		86	121	100
i d		CM Checking or Rotation Process of the Indian Process of the India				
Refu		98 S Savings 1 2 1 0 0 0 3 5 8 3 2 5 1 2 8 6 2 5 5 2 1				
₹	87	AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write you	- SSN on navment	87		00
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to			and belief, they are	_
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information				
ш	_					
H.	→		OFTWARE ENG	INEER		_
뿔		YOUR SIGNATURE DATE OC	CUPATION			
SIGN HERE	→					
5		SPOUSE'S SIGNATURE DATE SP	OUSE'S OCCUPATION			-
S		SYAM PRIYA RAM SAGAR GUPTA TALLAM 03082022 GLOBAL TAXES L. PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF				_
PLEASE		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF 2530 Pebble Creek Ln	30-10171	96		
7		2530 PEDDIE Creek Ln PAID PREPARER'S STREET ADDRESS	PAID PREPARER'S			_
-						
		Cumming GA 30041 PAID PREPARER'S CITY STATE ZIP CODE	$-\frac{(678)965}{\text{PAID PREPARER'S}}$			_
		OTALE ZII OODE				_

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

TAXABI E YEAR FORM

IAVABLE TEAT		1 01 1101
2021 California e-file Signature Authorizati	on for Individuals	8879
Your name	Your SSN	
CHETANA GURURAJ	531-97	-5294
Spouse's/RDP's name		RDP's SSN or ITIN
Part I Tax Return Information (whole dollars only)		
1 California adjusted gross income (AGI). See instructions		1 80,469.
2 Amount You Owe. See instructions		2
3 Refund or No Amount Due. See instructions		983.
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy	of your return.)	
electronic return originator (ERO), transmitter, or intermediate service provider, including my name identification number (ITIN), and the amounts shown in Part I above agree with the information and income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the creturn, I understand that if the FTB does not receive full and timely payment of my tax liability, I rempenalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent in the service provider is a service provider.	I amounts shown on the correspond and/or the estimated tax payments a pplicable, I declare that direct deposi an irrevocable appointment of the of authorize my ERO, transmitter, or in return or refund is delayed, I autho late when the refund was sent. If I are in liable for the tax liability and all included on the copy of my electroni	ling lines of my electronic s shown on my return it refund amount on line 3 ther spouse/registered itermediate service rize the FTB to disclose am filing a balance due applicable interest and c income tax return. I have
selected a personal identification number (PIN) as my signature for my electronic income tax return Taxpayer's PIN: check one box only	i and, if applicable, my Electronic Fu	nds Withdrawai Consent.
■ lauthorize GLOBAL TAXES LLC	to enter my PIN	7 5 2 9 4
ERO firm name	to onto my i m	Do not enter all zeros
as my signature on my 2021 e-filed California individual income tax return.		
I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. return is filed using the Practitioner PIN method. The ERO must complete Part III below.	Check this box only if you are enter	ing your own PIN and your
Your signature •	Date	
Spouse's/RDP's PIN: check one box only		
☐ I authorize	to enter my PIN	
ERO firm name	,,,	Do not enter all zeros
as my signature on my 2021 e-filed California individual income tax return.		
I will enter my PIN as my signature on my 2021 e-filed California individual income tax ro and your return is filed using the Practitioner PIN method. The ERO must complete Part III be		re entering your own PIN
Spouse's/RDP's signature	Date	
Practitioner PIN Method Returns Only contin		
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	B 7 2 7 8 6 1 Do not enter all zeros	9 8 9
I certify that the above numeric entry is my PIN, which is my signature for the 2021 California indiconfirm that I am submitting this return in accordance with the requirements of the Practitioner Ple-file Providers.	ividual income tax return for the tax	
ERO's signature	Date > 03/08/2022	

REV 03/02/22 PRO FTB 8879 2021

TAXABLE YEAR

FORM

California Resident Income Tax Return 2021

540

ATTACH FEDERAL RETURN

531-97-5294 CHETANA

GURU

866-36-3761

GURURAJ

21

4610 MARGERY DR

FREMONT

94538 CA

03-28-1992

		Enter your county at time of filing (see instructions)
မွ	•	ALAMEDA
gen		If your address above is the same as your principal/physical residence address at the time of filing, check this box • 🗶
esic		If not, enter below your principal/physical residence address at the time of filing.
ᇤ		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	ledow	
Pri		City State ZIP code
	•	
		If your California filing status is different from your federal filing status, check the box here
Filing Status		
	1	Single 4 Head of household (with qualifying person). See instructions.
	2	Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.
		See instructions.
	3	X Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. FNU AJIT RANA
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst
	Fo	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.
SI	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box, If you checked
tior		box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 1 X \$129 = • \$ 129
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2
EX	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
	·	if both are 65 or older, enter 2. See instructions

Yoı	ır naı	me: GUR	URA	J	Your SSN o	r ITIN:	531-9	97-5294	_			
	10	Dependents:	Do n	ot include yourself or Dependent 1	your spouse/RD		ndent 2			Dependent 3		
		First Name	•			•			•			
Su		Last Name	•			•			•			
Exemptions		SSN. See instructions.	•			•			•			
Exe		Dependent's relationship to you	•			•			•			
	Tota	•	xemi	otions) 10 X	\$400 = •	\$		
	11			ı nt: Add line 7 through					• 1	1 \$	12	19
	12	State wages	fron	n your federal								
		Form(s) W-	2, bo	x 16	• 12	2		89359	. 00			
	13 14			usted gross income fro nents – subtractions. I					13		80469	. 00
	15	Part I, line 2	27, co	lumn B					• 14			. 00
me		Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions									80469	. 00
axable Income	10	Part I, line 2	27, co			00						
axapi	17	7 California adjusted gross income. Combine line 15 and line 16									80469	. 00
_	18	Enter the larger of		r California <mark>itemized d</mark> r California standard d			, ,		OR)			
		larger or y	• Siı	ngle or Married/RDP fi	ing separately							
		(If Ma	arried/RDP filing jointly arried/RDP filing separate	y or the box on line	e 6 is checl		, ,	,		4803	. 00
	19	Subtract lin If less than	e 18 1 zero,	rom line 17. This is yo enter -0-	ur taxable inco n	ne. 			19		75666	. 00
					Tabla	Tau	Data Cal	. a de de				
	31	Tax. Check	the bo	ox if from:	x Table		Rate Sch				4042	
	32			s. Enter the amount fr	•	ır federal	AGI is m					_ 00
<u>×</u>				structions					O		129	00
	33	Subtract lin	e 32 1	from line 31. If less tha	ın zero, enter -0-			 ¬	33		3913	. 00
	34	Tax. See ins	truct	ons. Check the box if t	rom: • Sc	hedule G	-1	FTB 5870A	• 34			. 00
	35	Add line 33	and I	ine 34					③ 35		3913	. 00
dits	40	Nonrefunda	ble C	hild and Dependent Ca	re Expenses Cred	dit. See in	struction	S	• 40			. 00
E Cre	43	Enter credit	nam	e		code ●		and amount	• 43			. 00
special Credits	44	Enter credit	nam	e		code •		and amount	• 44			. 00

Side 2 Form 540 2021

175

3102214

REV 03/02/22 PRO

You	r nar	ne:	GURURAJ	Your SSN or ITIN:	531-97-529	94				
S	45	To cl	aim more than two credits. See instru	uctions. Attach Schedule	e P (540)		45			00
Special Credits	46	Nonr	efundable Renter's Credit. See instru	ctions			46			. 00
ecial (47	Add	line 40 through line 46. These are you	ur total credits			47			. 00
Sp	48	Subt	ract line 47 from line 35. If less than	zero, enter -0			48		3913	. 00
	61	Alter	native Minimum Tax. Attach Schedule	e P (540)			61			. 00
xes	62	Ment	al Health Services Tax. See instruction	ons			62			. 00
Other Taxes	63	Othe	r taxes and credit recapture. See inst	ructions			63			. 00
= 0	64	Exce	ss Advance Premium Assistance Sub	osidy (APAS) repayment.	See instructions.	•	64			. 00
	65	Add	line 48, line 61, line 62, line 63, and l	ine 64. This is your total	tax		65		3913	. 00
	74	0-1:4	and the same to same the sa	-1:			74		4896	. 00
	71		ornia income tax withheld. See instru							
Payments	72	2021	CA estimated tax and other payment	ts. See instructions			72			_ 00
	73	With	holding (Form 592-B and/or 593). Se	e instructions			73			. 00
	74	Exce	ss SDI (or VPDI) withheld. See instru	ictions			74			. 00
Pay	75	Earn	ed Income Tax Credit (EITC)				75			. 00
	76	Youn	g Child Tax Credit (YCTC). See instru	ctions			76			. 00
	77	Net F	Premium Assistance Subsidy (PAS). S	See instructions			77			. 00
	78		line 71 through line 77. These are younstructions				78		4896	. 00
×										
Use Tax	91		Tax. Do not leave blank. See instructi					0 .00		
<u> </u>		If lin	e 91 is zero, check if: X No u	use tax is owed.	You paid you	ır use tax obl	igation dire	ectly to CDTFA.		
ISR Penaltv	92	See	u and your household had full-year h instructions. Medicare Part A or C co u did not check the box, see instructi	verage is qualifying heal			×			
		Indiv	idual Shared Responsibility (ISR) Pe	nalty. See instructions	• 92			. 00		
one	93	Davin	nents balance. If line 78 is more than	ling Q1 cubtract line Q1	from line 79		03		4896	. 00
Tax										
Overpaid Tax/Tax Due	94 95		Tax balance. If line 91 is more than I nents after Individual Shared Respon:				94			_ 00
rpaid	06	subt	ract line 92 from line 93			•	95		4896	. 00
Ove	96		idual Shared Responsibility Penalty E ract line 93 from line 92			_	96			. 00

Your name: GURURAJ Your SSN or ITIN: 531-97-5294

98 Amount of line 97 you want applied to your 2022 estimated tax	
Code Amount California Seniors Special Fund. See instructions	33 .00
Code Amount California Seniors Special Fund. See instructions	0 .00
Code Amount California Seniors Special Fund. See instructions	33 .00
California Seniors Special Fund. See instructions. Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund. Rare and Endangered Species Preservation Voluntary Tax Contribution Program. California Breast Cancer Research Voluntary Tax Contribution Fund. California Firefighters' Memorial Voluntary Tax Contribution Fund. Emergency Food for Families Voluntary Tax Contribution Fund. California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. California Sea Otter Voluntary Tax Contribution Fund. California Cancer Research Voluntary Tax Contribution Fund. California Cancer Research Voluntary Tax Contribution Fund. 413 School Supplies for Homeless Children Voluntary Tax Contribution Fund. 424 State Parks Protection Fund/Parks Pass Purchase. 423 Protect Our Coast and Oceans Voluntary Tax Contribution Fund. 424 Keep Arts in Schools Voluntary Tax Contribution Fund. 425 Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund. 431 California Senior Citizen Advocacy Voluntary Tax Contribution Fund. 438 Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. 439	. 00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	
Rare and Endangered Species Preservation Voluntary Tax Contribution Program California Breast Cancer Research Voluntary Tax Contribution Fund. California Firefighters' Memorial Voluntary Tax Contribution Fund. Emergency Food for Families Voluntary Tax Contribution Fund. California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. California Sea Otter Voluntary Tax Contribution Fund. California Cancer Research Voluntary Tax Contribution Fund. California Cancer Research Voluntary Tax Contribution Fund. School Supplies for Homeless Children Voluntary Tax Contribution Fund. 422 State Parks Protection Fund/Parks Pass Purchase. Protect Our Coast and Oceans Voluntary Tax Contribution Fund. 424 Keep Arts in Schools Voluntary Tax Contribution Fund. 425 Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund. 438 Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. 439	00
California Breast Cancer Research Voluntary Tax Contribution Fund. California Firefighters' Memorial Voluntary Tax Contribution Fund. Emergency Food for Families Voluntary Tax Contribution Fund. California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. California Sea Otter Voluntary Tax Contribution Fund. California Cancer Research Voluntary Tax Contribution Fund. School Supplies for Homeless Children Voluntary Tax Contribution Fund. State Parks Protection Fund/Parks Pass Purchase. Protect Our Coast and Oceans Voluntary Tax Contribution Fund. Keep Arts in Schools Voluntary Tax Contribution Fund. 422 Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund. 431 California Senior Citizen Advocacy Voluntary Tax Contribution Fund. 438 Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund.	00
California Firefighters' Memorial Voluntary Tax Contribution Fund Emergency Food for Families Voluntary Tax Contribution Fund California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund California Sea Otter Voluntary Tax Contribution Fund California Cancer Research Voluntary Tax Contribution Fund School Supplies for Homeless Children Voluntary Tax Contribution Fund State Parks Protection Fund/Parks Pass Purchase Protect Our Coast and Oceans Voluntary Tax Contribution Fund Keep Arts in Schools Voluntary Tax Contribution Fund Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund California Senior Citizen Advocacy Voluntary Tax Contribution Fund Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund 438 Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund 439	_ 00
Emergency Food for Families Voluntary Tax Contribution Fund	_ 00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. California Sea Otter Voluntary Tax Contribution Fund. California Cancer Research Voluntary Tax Contribution Fund. School Supplies for Homeless Children Voluntary Tax Contribution Fund. State Parks Protection Fund/Parks Pass Purchase. Protect Our Coast and Oceans Voluntary Tax Contribution Fund. Keep Arts in Schools Voluntary Tax Contribution Fund. 424 Keep Arts in Schools Voluntary Tax Contribution Fund. 425 Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund. 431 California Senior Citizen Advocacy Voluntary Tax Contribution Fund. 438 Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. 439	_ 00
California Sea Otter Voluntary Tax Contribution Fund	_ 00
California Cancer Research Voluntary Tax Contribution Fund	. 00
School Supplies for Homeless Children Voluntary Tax Contribution Fund State Parks Protection Fund/Parks Pass Purchase Protect Our Coast and Oceans Voluntary Tax Contribution Fund Keep Arts in Schools Voluntary Tax Contribution Fund Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund California Senior Citizen Advocacy Voluntary Tax Contribution Fund 438 Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund 439	00
Keep Arts in Schools Voluntary Tax Contribution Fund	00
Keep Arts in Schools Voluntary Tax Contribution Fund	
Keep Arts in Schools Voluntary Tax Contribution Fund	
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	_ 00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund • 439	_ 00
	00
Rape Kit Backlog Voluntary Tax Contribution Fund	00
	_ 00
Schools Not Prisons Voluntary Tax Contribution Fund	_ 00
Suicide Prevention Voluntary Tax Contribution Fund	_ 00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund ● 445	
California Community and Neighborhood Tree Voluntary Tax Contribution Fund • 446	. 00
110 Add code 400 through code 446. This is your total contribution	. 00

 Side 4 Form 540 2021
 175
 3104214
 REV 03/02/22 PRO

You	r nan	ne: GURURAJ Your SSN or ITIN: 531-97-5294	
Amount You Owe	111	AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 • 111 Pay Online – Go to ftb.ca.gov/pay for more information.	. 00
andies	112 113	Interest, late return penalties, and late payment penalties	, 00
terest Penali		Check the box: ● FTB 5805 attached ● FTB 5805F attached	. 00
<u>-</u> -		Total amount due. See instructions. Enclose, but do not staple, any payment	. 00
	115	REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.	
		Mail to: Franchise Tax Board , Po Box 942840 , Sacramento Ca 94240-0001 ● 115 983	00
ect 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 whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: Type	
ıd and Dire		Routing number	
		121000358 325128625521 983 .	. 00
Ref		The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Type Checking Savings Account number Savings	. 00
_		ANT: See the instructions to find out if you should attach a copy of your complete federal tax return. 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	113
to loc Unde is tru	ate FT r pena e, cor	TB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. alties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and beli rect, and complete.	
Your signature Sign Here			
	_		\neg
			. 00 . 00 . 00 . 00 . 00 for 113 belief, it
Helmud and Direct Deposit of Indicate of Indicate Under priority of Indicate o	ise's/		3
signa	ature.		
retur	n?	2530 PEBBLE CREEK LN CUMMING GA 30041 30101719	6
`		Do you want to allow another person to discuss this tax return with us? See instructions	
		Print Third Party Designee's Name Telephone Number	\neg

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single Married filing jointly but checked the MFS box, enter the notion is a child but not your dependent	ame of	, ,	heck	_		`	′ –	_	, ,	` , ` ,	
Your first name			Last na						١	our so	cial securit	ty number	
CHETANA GURURAJ									!	531-97-5294			
If joint return, s	pouse's	s first name and middle initial	Last na	ıme					5	Spouse's	s social sec	curity number	
										866-36-3761			
Home address 4610 MAI		er and street). If you have a P.O. box, see Y DR	instructi	ons.				Apt. no.	- 1		ntial Election	on Campaign	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP	code				ntly, want \$3	
FREMONT					CZ	Ą	94	0 1 E 2 O I			tnis tuna. ow will not	Checking a	
Foreign country	/ name			Foreign province/state/	count	ty					or refund.	•	
At any time du	ring 20	021, did you receive, sell, exchange,	or othe	erwise dispose of an	y fina	incial interest	in an	y virtual cu	ırrenc	y?	Yes	⊠ No	
Standard Deduction	_	neone can claim: You as a de Spouse itemizes on a separate retur		•									
Age/Blindness	You	: Were born before January 2, 1	957	Are blind Spe	ouse	: Was bo	rn be	fore Janua	ıry 2,	1957	☐ Is bl	lind	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip	(4) 🗸	if qua	lifies for	r (see instru	ictions):	
If more	(1) First name Last name			number		to you		Child tax cred		dit	Credit for oth	her dependents	
than four													
dependents, see instructions	s ——												
and check													
here ▶											[
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2						1		89,359.	
Attach Sch. B if	2 a	Tax-exempt interest	2a		b T	axable interes	t			2b			
required.	3a	Qualified dividends	3a		b C	rdinary divide	nds			3b			
	4a	IRA distributions	4a		b T	axable amoun	nt .			4b			
	5a	Pensions and annuities	5a		b Taxable interest								
Standard	6a	Social security benefits	6a		b T	axable amoun	nt.			6b			
• Single or	7	Capital gain or (loss). Attach Schee	dule D i	f required. If not requ	uired	, check here)	▶ □	7			
Married filing	8	Other income from Schedule 1, lin	e 10							8	-	-8,890.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is your total inc	ome				. ▶	9	}	80,469.	
Married filing	10	O Adjustments to income from Schedule 1, line 26				10							
jointly or Qualifying	11_	Subtract line 10 from line 9. This is	your a	djusted gross inco	ne		٠.		. ▶	11	{	80,469.	
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from Schedule	A)	12	а	12,	550				
Head of	b	Charitable contributions if you take	the star	ndard deduction (see	instr	uctions) 12	b						
household, \$18,800	С	Add lines 12a and 12b							120	;	12,550.		
If you checked	13	Qualified business income deduct	ion from	n Form 8995 or Form	899	5-A				13			
any box under Standard	14	Add lines 12c and 13								14		12,550.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or less,	ente	r-0				15	(67,919.	

Form 1040 (2021	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	10,692.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	10,692.
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Schedule	e 8812		19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,692.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				▶	24	10,692.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 1:	3,248.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	13,248.
K	26	2021 estimated tax payment						26	
If you have a L qualifying child,	27a	Earned income credit (EIC)				27a			
attach Sch. EIC.		Check here if you were by January 2, 2004, and you taxpayers who are at least a	oorn after Janu u satisfy all the ge 18, to claim t	ary 1, 1998, e other requi he EIC. See in	and before rements for				
	b	Nontaxable combat pay elec				_			
	С	Prior year (2019) earned inco				28			
	28	Refundable child tax credit or	-						
	29	American opportunity credit	-						
	30	Recovery rebate credit. See Amount from Schedule 3, lin							
	31								
	32	Add lines 27a and 28 throug						32	
	33	Add lines 25d, 26, and 32. T						33	13,248.
Refund	34	If line 33 is more than line 24				•	_	34	2,556.
	35a	Amount of line 34 you want				_		35a	2,556.
Direct deposit? See instructions.	►b								
oco inolitaciono.	▶ d					 			
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract				1 1	. ▶	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party Designee	ins	you want to allow another tructions	•		n with the IRS?	. Yes. C	complete l		⊠ No
		me >		no.		num	ber (PIN)	► IlCation	
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com							
TICIC	You	ur signature		Date	Your occupation				nt you an Identity
	N				COEGMADE	ENCTMEED		ection Pl inst.) ▶	N, enter it here
Joint return? See instructions.	Sno	ousea's signature. If a joint return t	oth must sign	Date	SOFTWARE I			•	nt vour enouge an
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date	opouse s occupat	Iden	If the IRS sent your spouse an Identity Protection PIN, enter it he (see inst.)		
	Pho	one no. (202)957-674	3	Email address	AJITRANA5	@GMAIL.COM			
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/08/2022	P0208	2703	Self-employed
Use Only	Firm's name ► GLOBAL TAXES LLC						Pho	ne no. (678)965-9522
	Firr	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041		Firm	's EIN ▶	30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 02/17/22 PRO			Form 1040 (202

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

CHETANA GURURAJ

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

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

Your social security number 531-97-5294

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	3	1	
2 a	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, truschedule E		5	-8,890.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10			
	1040-NR. line 8	•	10	_

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

Par	Adjustments to Income				
11	Educator expenses		. 1	11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889		. 1	13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	. 1	14	
15	Deductible part of self-employment tax. Attach Schedule SE		. 1	15	
16	Self-employed SEP, SIMPLE, and qualified plans		. 1	16	
17	Self-employed health insurance deduction		. 1	17	
18	Penalty on early withdrawal of savings		. 1	18	
19a	Alimony paid		. 1	9a	
b	Recipient's SSN	>			
С	Date of original divorce or separation agreement (see instructions)	•			
20	IRA deduction		. 2	20	
21	Student loan interest deduction		. 2	21	
22	Reserved for future use		. 2	22	
23	Archer MSA deduction		. 2	23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j	Housing deduction from Form 2555	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		. 2	25	
26	Add lines 11 through 23 and 25. These are your adjustments to				
	here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line	<u>e 10a</u> .	2	26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2021

Attachment Sequence No. 13

Name(s) shown on return
CHETANA GURURAJ

Department of the Treasury Internal Revenue Service (99)

Your social security number

	ANA GURURAJ								31-97-5		
Part		s From Rental Real Estate and Roy instructions. If you are an individual, repo	-		-						erty, use
A Dic		nts in 2021 that would require you to									s X No
		ou file required Form(s) 1099?									
1a	Physical address of	each property (street, city, state, ZIF	code	<u></u>	· ·			•			<u> </u>
A	FDVC EFDC FERV		cour	<u> </u>							
В	TOVE BIDE PERV	TIV BI									
	Type of Property	2 For each rental real estate prop	nerty I	listed		Fair	Rental	Per	sonal Us	е	
	(from list below)	above, report the number of fai	ir rent	al and		_	Days		Days		QJV
Α	3	personal use days. Check the of if you meet the requirements to	QJV b	oox only	Α		365		0		
В		qualified joint venture. See inst	ructio	ns.	В						$\overline{\Box}$
С					С						
	of Property:					_					
	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental				
-	ti-Family Residence			yalties			r (describe)			
Incom		Properties:		ĺ	Α			3			С
3	Rents received		3			450.					
4			4								
Expen											
5	Advertising		5								
6		nstructions)	6								
7	Cleaning and mainter	nance	7		1	,400.					
8	Commissions		8								
9	Insurance		9								
10	Legal and other profe	essional fees	10								
11	Management fees .		11		1	,600.					
12	Mortgage interest pai	d to banks, etc. (see instructions)	12								
13	Other interest		13								
14	Repairs		14		2	,000.					
15	Supplies		15		1	,940.					
16	Taxes		16								
17	Utilities		17		2	,400.					
18		e or depletion	18								
19	Other (list)		19								
20	Total expenses. Add	lines 5 through 19	20		9	,340.					
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must									
	file Form 6198		21		-8	,890.					
22		l estate loss after limitation, if any,									
	•	structions)	22	[(8,	890.)	()(
23a		eported on line 3 for all rental prope				23a		4	50.		
b		eported on line 4 for all royalty properties				23b					
C		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d			10		
е		eported on line 20 for all properties				23e		9,3			
24	•	e amounts shown on line 21. Do no		-					24		0.000
25		sses from line 21 and rental real estate						- 1	25 (8,890.
26		ate and royalty income or (loss).									
		V, and line 40 on page 2 do not a		-					26		-8.890.
	Schedule 1 (Form 10)	AUTHOR S CITHERWISE INCIDING THIS AN	TIOLIN'	i in the t	otal Or	1 IINA 41	on page 2		ンカー		-8.890.