

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name SAIVIVEK GOUD SHERLA	Social security number 034-89-1035
Spouse's name	Spouse's social security number

## 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 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income . . . . .	1	143,822.
2 Total tax . . . . .	2	25,454.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	27,311.
4 Amount you want refunded to you . . . . .	4	1,857.
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 acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

9	1	0	3	5
---	---	---	---	---

 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 ▶ saiivivek goud sherla Date ▶ 3/30/2022

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

I authorize \_\_\_\_\_ to enter or generate my PIN 

--	--	--	--	--

 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 SAIVIVEK GOUD	Last name SHERLA	Your social security number 034-89-1035
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 416 101ST AVE SE		Apt. no. 101
City, town, or post office. If you have a foreign address, also complete spaces below. BELLEVUE		State WA
		ZIP code 98004
Foreign country name	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** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(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	
						<input 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.  <b>Standard Deduction for—</b> • 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.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	150,772.	
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>		
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Taxable interest . . . . .	<b>2b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		<b>b</b> Taxable amount . . . . .	<b>6b</b>	
	<b>8</b>	Other income from Schedule 1, line 10 . . . . .			<b>7</b>	
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶			<b>8</b>	-6,950.
	<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .			<b>9</b>	143,822.
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶			<b>10</b>	
	<b>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	12,550.	<b>11</b>	143,822.
	<b>b</b>	Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	300.	<b>12c</b>	12,850.
	<b>c</b>	Add lines 12a and 12b . . . . .			<b>13</b>	
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .			<b>14</b>	12,850.
<b>14</b>	Add lines 12c and 13 . . . . .			<b>15</b>	130,972.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .					

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	25,454.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	25,454.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	25,454.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	25,454.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	27,311.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	27,311.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float:right">No</span>	<b>27a</b>	
	Check here if you were born after January 1, 1998, 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"/>		
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	27,311.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	1,857.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	1,857.
Direct deposit? See instructions.	<b>b</b> Routing number 044000037 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 313997618		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

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, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (513) 488-2446 Email address SAIVIVEKSHERLA@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 03/30/2022	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 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

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

Your social security number  
034-89-1035

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-6,950.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling income . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution . . . . .	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends . . . . .	<b>8f</b>	
<b>g</b>	Jury duty pay . . . . .	<b>8g</b>	
<b>h</b>	Prizes and awards . . . . .	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income . . . . .	<b>8i</b>	
<b>j</b>	Stock options . . . . .	<b>8j</b>	
<b>k</b>	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 . . . . .	<b>8k</b>	
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>	
<b>z</b>	Other income. List type and amount ▶ _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-6,950.

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .	▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
<b>i</b>	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 . . . . .	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount ▶ _____	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>	

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **13**

Name(s) shown on return

SAIVIVEK GOUD SHERLA

Your social security number

034-89-1035

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	VIDYA NAGAR, KAMAREDDY KAMAREDDY DIST TELANGANA IN 503111				
<b>B</b>					
<b>C</b>					

<b>1b</b>	Type of Property (from list below)	<b>2</b>	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 365	0	<input type="checkbox"/>
<b>B</b>			B		<input type="checkbox"/>
<b>C</b>			C		<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b>	650.		
<b>4</b> Royalties received . . . . .	<b>4</b>			

**Expenses:**

<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	800.		
<b>8</b> Commissions . . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	1,200.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest . . . . .	<b>13</b>			
<b>14</b> Repairs . . . . .	<b>14</b>	1,500.		
<b>15</b> Supplies . . . . .	<b>15</b>	1,800.		
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>	2,300.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	7,600.		

<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>	-6,950.		
----------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------	---------	--	--

<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( 6,950. )	( )	( )
-------------------------------------------------------------------------------------------------------------------------	-----------	------------	-----	-----

<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	650.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	7,600.		

<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			
------------------------------------------------------------------------------------------------------------	-----------	--	--	--

<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 6,950. )		
----------------------------------------------------------------------------------------------------------------------------------------	-----------	------------	--	--

<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>	-6,950.		
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------	---------	--	--



Office of Processing and Taxpayer Services  
W A Harriman Campus, Albany NY 12227-0865

## New York State requires this income tax return to be filed electronically.

### Attention tax return preparer:

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

## Preparers who file paper returns are subject to penalties.

### Avoid penalties and e-file this return.

### Attention taxpayer:

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **Most New Yorkers** enjoy the benefits of e-filing.

### Questions?

Visit our website for more information about New York's e-file mandate.



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning .....

# IT-203

21
and ending .....

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial SAIVIVEK GOUD		Your last name (for a joint return, enter spouse's name on line below) SHERLA		Your date of birth (mmdyyy) 06051997		Your Social Security number 034891035	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmdyyy)		Spouse's Social Security number	
Mailing address (see instructions, page 12) (number and street or PO Box) 416 101ST AVE SE				Apartment number 101		New York State county of residence NR	
City, village, or post office BELLEVUE			State WA	ZIP code 98004	Country		School district name NR
Taxpayer's permanent home address (see instr., pg. 12) (no. and street or rural route)				Apartment no.		City, village, or post office	
						School district code number	
State		ZIP code		Country		Decedent information	
						Taxpayer's date of death	
						Spouse's date of death	

### A Filing status (mark an X in one box):

- ①  Single
- ②  Married filing joint return (enter both spouses' Social Security numbers above)
- ③  Married filing separate return (enter both spouses' Social Security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er)

**B** Did you itemize your deductions on your 2021 federal income tax return? Yes  No

**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes  No

**D1** Did you have a financial account located in a foreign country? (see page 13) Yes  No

**D2** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes  No

### E New York City part-year residents only (see page 13)

- (1) Number of months you lived in NY City in 2021 .....
- (2) Number of months your spouse lived in NY City in 2021 .....

**F** Enter your 2-character special condition code(s) if applicable (see page 13) .....

### G New York State part-year residents (see page 14)

- Enter the date you moved into or out of NYS (mmdyyy) .....
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS .....
  - 2) Lived outside NYS; received income from NYS sources during nonresident period .....
  - 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

### H New York State nonresidents (see page 14)

Did you or your spouse maintain living quarters in NYS in 2021? ..... es  No   
(if Yes, complete Form IT-203-B)



### I Dependent information (see page 14)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmdyyy)

If more than 6 dependents, mark an X in the box.



203001213555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number  
034891035

**Federal income and adjustments** (see page 16)

**Federal amount**  
Whole dollars only

**New York State amount**  
Whole dollars only

1	Wages, salaries, tips, etc. ....	1	150772 .00	1	73220 .00
2	Taxable interest income .....	2	.00	2	.00
3	Ordinary dividends .....	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) .....	4	.00	4	.00
5	Alimony received .....	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040) .....	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) .....	11	-6950 .00	11	.00
12	Rental real estate included in line 11 (federal amount) <b>12.</b> -6950 .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040) .....	13	.00	13	.00
14	Unemployment compensation.....	14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26) .....	15	.00	15	.00
16	Other income (see page 22) Identify: .....	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	143822 .00	17	73220 .00
18	Total federal adjustments to income (see page 22) Identify: .....	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17) ..	19	143822 .00	19	73220 .00
19a	Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	19a	143822 .00	19a	73220 .00

**New York additions** (see page 24)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities) .....	20	.00	20	.00
21	Public employee 414(h) retirement contributions .....	21	.00	21	.00
22	Other (Form IT-225, line 9) .....	22	.00	22	.00
23	Add lines 19a through 22 .....	23	143822 .00	23	73220 .00

**New York subtractions** (see page 25)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 25) .....	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15) .....	26	.00	26	.00
27	Interest income on U.S. government bonds .....	27	.00	27	.00
28	Pension and annuity income exclusion .....	28	.00	28	.00
29	Other (Form IT-225, line 18) .....	29	.00	29	.00
30	Add lines 24 through 29 .....	30	.00	30	.00
31	<b>New York adjusted gross income</b> (subtract line 30 from line 23)	31	143822 .00	31	73220 .00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 143822 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



**Standard deduction or itemized deduction** (see page 27)

33 Enter your **standard deduction** (table on page 27) or your **itemized deduction** (from Form IT-196).

Mark an **X** in the appropriate box: ...  **Standard** – or –  **Itemized**

33	8000 .00
34	135822.00
35	<b>000.00</b>
36	135822.00

**Tax computation, credits, and other taxes**

37	New York taxable income (from line 36)	135822.00
38	New York State tax on line 37 amount (see page 28)	8452.00
39	New York State household credit (page 28, table 1, 2, or 3)	.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	8452.00
41	New York State child and dependent care credit (see page 29)	.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	8452.00
43	New York State earned income credit (see page 29)	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) ..... 44 8452.00

45 Income percentage (see page 29)  New York State amount from line 31  73220 .00 ÷ Federal amount from line 31  143822 .00 = 45 Round result to 4 decimal places  0.5091

46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	4303.00
47	New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	4303.00
49	Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50	<b>Total New York State taxes</b> (add lines 48 and 49)	4303.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

51	Part-year New York City resident tax (Form IT-360.1)	51	.00	See instructions on pages 29 through 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52	Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a	Subtract line 52 from 51	52a	.00	
52b	MCTMT net earnings base	52b	.00	
52c	MCTMT	52c	.00	
53	Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55	<b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54)	55	.00	
56	<b>Sales or use tax</b> (See the instructions on page 31. Do not leave line 56 blank.)	56	0.00	
57	<b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	57	.00	
58	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57)	58	4303.00	

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number  
034891035

59 Enter amount from line 58 ..... **59** 4303 .00

**Payments and refundable credits** (see page 32)

<b>60</b> Part-year NYC school tax credit (fixed amount) (also complete E on front)	<b>60</b>	.00	If applicable, complete <b>Form(s) IT-2 and/or IT-1099-R</b> and submit them with your return (see pages 10 and 11). <b>Do not send federal Form W-2 with your return.</b>
<b>60a</b> NYC school tax credit (rate reduction amount)	<b>60a</b>	.00	
<b>61</b> Other refundable credits (Form IT-203-ATT, line 17)	<b>61</b>	.00	
<b>62</b> Total <b>New York State</b> tax withheld	<b>62</b>	8867 .00	
<b>63</b> Total <b>New York City</b> tax withheld	<b>63</b>	.00	
<b>64</b> Total <b>Yonkers</b> tax withheld	<b>64</b>	.00	
<b>65</b> Total estimated tax payments/amount paid with Form IT-370	<b>65</b>	.00	
<b>66</b> Total payments and refundable credits (add lines 60 through 65)	<b>66</b>	8867 .00	

**Your refund, amount you owe, and account information** (see pages 34 through 36)

<b>67</b> Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66; see page 34)	<b>67</b>	4564 .00
<b>68</b> Amount of line 67 available for refund (subtract line 69 from line 67)	<b>68</b>	4564 .00
<b>TIP:</b> Use this amount to check your refund status online.		
<b>68a</b> Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	<b>68a</b>	.00
<b>68b</b> Total refund after NYS 529 account deposit (subtract line 68a from line 68)	<b>68b</b>	4564 .00

Mark one refund choice:  **direct deposit** to checking or savings account (fill in line 73) - or -  **paper check**

<b>69</b> Amount of line 67 that you want applied to your 2022 estimated tax (see instructions)	<b>69</b>	.00	<b>Refund?</b> Direct deposit is the easiest, fastest way to get your refund. <b>See page 35 for payment options.</b>
<b>70</b> Amount you <b>owe</b> (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you <b>must</b> complete Form IT-201-V and mail it with your return.....	<b>70</b>	.00	
<b>71</b> Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 35)	<b>71</b>	.00	<b>See page 38 for the proper assembly of your return.</b>
<b>72</b> Other penalties and interest (see page 35)	<b>72</b>	.00	

**73** Account information for direct deposit or electronic funds withdrawal (see page 36).  
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 36)

**73a** Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

**73b** Routing number 044000037 **73c** Account number 313997618

**74** Electronic funds withdrawal (see page 36) ..... ate \_\_\_\_\_ Amount \_\_\_\_\_ .00

<b>Third-party designee?</b> (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	Email:		

<b>▼ Paid preparer must complete ▼</b> (see instructions)	Preparer's NYTPRIN	NYTPRIN excl. code   0   9
Preparer's signature SYAM PRIYA RAM SAGAR GUP	Preparer's printed name SYAM PRIYA RAM SAGAR GUP	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC	Preparer's PTIN or SSN P02082703	
Address 2530 PEBBLE CREEK LN CUMMING GA 30041	Employer identification number 301017196 ate 03302022	
Email: SYAM@GTAXFILE.COM		

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation SOFTWARE ENGINEER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ( 513 ) 488 2446
Email: SAIVIVEKSHERLA@GMAIL.COM	

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

# Summary of W-2 Statements

# IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

## W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

034891035

Box b Employer identification number (EIN)

311815356

### Box c Employer's information

Employer's name			
INTELLIGRATED SYSTEMS, LLC 855 S. MINT ST.			
Employer's address (number and street)			
18TH FLOOR PAYROLL			
City	State	ZIP code	Country (if not United States)
CHARLOTTE	NC	28202	

Box 1 Wages, tips, other compensation

77552.00

Box 12a Amount

33.00

Code

C

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

6198.00

Code

D D

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

O | H

Box 16b Other state wages, tips, etc.

77552.00

Box 17b Other state income tax withheld

2331.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

034891035

Box b Employer identification number (EIN)

133417984

### Box c Employer's information

Employer's name			
BLOOMBERG L P			
Employer's address (number and street)			
731 LEXINGTON AVENUE			
City	State	ZIP code	Country (if not United States)
NEW YORK	NY	10022	

Box 1 Wages, tips, other compensation

73220.00

Box 12a Amount

8.00

Code

C

Box 14a Amount

374.00

Description

NY PFL

Box 8 Allocated tips

.00

Box 12b Amount

753.00

Code

D D

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 1 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

73220.00

Box 17a NYS income tax withheld

8867.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001213555



**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **13**

Name(s) shown on return

SAIVIVEK GOUD SHERLA

Your social security number

034-89-1035

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** VIDYA NAGAR, KAMAREDDY KAMAREDDY DIST TELANGANA IN 503111

**B**

**C**

<b>1b</b>	Type of Property (from list below)	<b>2</b>	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

**Income:**      **Properties:**      **A**      **B**      **C**

**3** Rents received . . . . . **3** 650.

**4** Royalties received . . . . . **4**

**Expenses:**

**5** Advertising . . . . . **5**

**6** Auto and travel (see instructions) . . . . . **6**

**7** Cleaning and maintenance . . . . . **7** 800.

**8** Commissions . . . . . **8**

**9** Insurance . . . . . **9**

**10** Legal and other professional fees . . . . . **10**

**11** Management fees . . . . . **11** 1,200.

**12** Mortgage interest paid to banks, etc. (see instructions) . . . . . **12**

**13** Other interest . . . . . **13**

**14** Repairs . . . . . **14** 1,500.

**15** Supplies . . . . . **15** 1,800.

**16** Taxes . . . . . **16**

**17** Utilities . . . . . **17** 2,300.

**18** Depreciation expense or depletion . . . . . **18**

**19** Other (list) ▶ . . . . . **19**

**20** Total expenses. Add lines 5 through 19 . . . . . **20** 7,600.

**21** Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** . . . . . **21** -6,950.

**22** Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) . . . . . **22** ( 6,950. )( ) ( )

**23a** Total of all amounts reported on line 3 for all rental properties . . . . . **23a** 650.

**b** Total of all amounts reported on line 4 for all royalty properties . . . . . **23b**

**c** Total of all amounts reported on line 12 for all properties . . . . . **23c**

**d** Total of all amounts reported on line 18 for all properties . . . . . **23d**

**e** Total of all amounts reported on line 20 for all properties . . . . . **23e** 7,600.

**24** **Income.** Add positive amounts shown on line 21. **Do not** include any losses . . . . . **24**

**25** **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . . **25** ( 6,950. )

**26** **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . **26** -6,950.

For Paperwork Reduction Act Notice, see the separate instructions. NPA -6,950. Schedule E (Form 1040) 2021



03 30 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 034 89 1035 If deceased Spouse's SSN (if filing jointly) If deceased School district # 0903

First name SAIVIVEK GOUD M.I. Last name SHERLA

Spouse's first name (if filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 416 101ST AVE SE

Address line 2 (apartment number, suite number, etc.) APT 101

City BELLEVUE State WA ZIP code 98004 Ohio county (first four letters) HAMI

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Residency Status - Check only one for primary Filing Status - Check one (as reported on federal income tax return) Ohio Nonresident Statement - See instructions for required criteria Federal extension filers - check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY Code

2021 Ohio IT 1040 Individual Income Tax Return



SSN 034 89 1035

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1, 8a. Nonbusiness income tax liability, 8b. Business income tax liability, 8c. Income tax liability before credits, 9. Ohio nonrefundable credits, 10. Tax liability after nonrefundable credits, 11. Interest penalty on underpayment of estimated tax, 12. Unpaid use tax, 13. Total Ohio tax liability, 14. Ohio income tax withheld, 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments, 19. Amended return only, 20. Line 18 minus line 19, 21. Tax due, 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE, 24. Overpayment, 25. Original return only, 26. Original return only (donations), 27. REFUND.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature \_\_\_\_\_ Phone number (513) 488-2446

Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

# 2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

034 89 1035



21350198

Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

**Part A - Total Withholding**

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 .....1. 2331 00

**Part B - W-2s**

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	311815356	77552 00	11491 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52586467	77552 00	2331 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00





# 2021 Schedule of Ohio Withholding

Primary taxpayer's SSN  
034 89 1035



21350298

Sequence No. 12

### Part C - 1099-Rs

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

### Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings  
00

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio state winnings  
00

Box 15 - Ohio income tax withheld  
00

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings  
00

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio state winnings  
00

Box 15 - Ohio income tax withheld  
00

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings  
00

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio state winnings  
00

Box 15 - Ohio income tax withheld  
00

### Part E - 1099-NECs

1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation  
00

Box 4 - Federal income tax withheld  
00

Box 7 - State income  
00

Box 5 - Ohio tax withheld  
00

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation  
00

Box 4 - Federal income tax withheld  
00

Box 7 - State income  
00

Box 5 - Ohio tax withheld  
00



Department of Taxation

0098

# 2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

034 89 1035



21280198

Sequence No. 7

03 30 22

## Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c) .....	1.	4371 00
2. Retirement income credit (see instructions for table; <b>include 1099-R forms</b> ) .....	2.	00
3. Lump sum retirement credit (see instructions for worksheet; <b>include a copy</b> ) .....	3.	00
4. Senior citizen credit (must be 65 or older to claim this credit) .....	4.	00
5. Lump sum distribution credit (see instructions for worksheet; <b>include a copy</b> ) .....	5.	00
6. Child care & dependent care credit (see instructions for worksheet; <b>include a copy</b> ) .....	6.	00
7. Displaced worker training credit (see instructions for all required documentation; <b>include copies</b> ) .....	7.	00
8. Campaign contribution credit for Ohio statewide office or General Assembly .....	8.	0 00
9. Income-based exemption credit (\$20 times the number of exemptions) .....	9.	0 00
10. Total (add lines 2 through 9) .....	10.	0 00
11. Tax less credits (line 1 minus line 10; if negative, enter zero) .....	11.	4371 00
12. Joint filing credit (see instructions for table).      % times line 11, up to \$650 .....	12.	0 00
13. Earned income credit .....	13.	00
14. Home school expenses credit .....	14.	00
15. Scholarship donation credit .....	15.	00
16. Nonchartered, nonpublic school tuition credit .....	16.	00
17. Ohio adoption credit .....	17.	00
18. Nonrefundable job retention credit ( <b>include a copy of the credit certificate</b> ) .....	18.	00
19. Credit for eligible new employees in an enterprise zone ( <b>include a copy of the credit certificate</b> ) ...	19.	00
20. Grape production credit .....	20.	00
21. InvestOhio credit ( <b>include a copy of the credit certificate</b> ) .....	21.	00
22. Lead abatement credit ( <b>include a copy of the credit certificate</b> ) .....	22.	00
23. Opportunity zone investment credit ( <b>include a copy of the credit certificate</b> ) .....	23.	00
24. Technology investment credit carryforward ( <b>include a copy of the credit certificate</b> ) .....	24.	00
25. Enterprise zone day care & training credits ( <b>include a copy of the credit certificate</b> ) .....	25.	00
26. Research & development credit ( <b>include a copy of the credit certificate</b> ) .....	26.	00



# 2021 Ohio Schedule of Credits

Primary taxpayer's SSN  
034 89 1035



21280298

Sequence No. 8

27. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate).....	27.	00
28. Total (add lines 12 through 27) .....	28.	0 00
29. Tax less additional credits (line 11 minus line 28; if negative, enter zero).....	29.	4371 00

### Nonresident Credit

Dates of Ohio residency	to	Other state of residency	
30. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) .....			00
31. Ohio adjusted gross income (Ohio IT 1040, line 3).....			00
32a. Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000) .....	32a.		
32. Nonresident credit (line 29 times line 32a) .....	32.		00

### Resident Credit

33. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident - Ohio IT RC, line 1a (include a copy) .....	33.	73220	00
34. Ohio adjusted gross income (Ohio IT 1040, line 3).....	34.	143822	00
35a. Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000).....	35a.	0.5091	
35. Line 29 times line 35a .....	35.	2225	00
36. 2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy) .....	36.	4303	00
37. Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax .....	37.		2225 00
NY			
38. Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) ..	38.		2225 00

### Refundable Credits

39. Refundable Ohio historic preservation credit (include a copy of the credit certificate).....	39.		00
40. Refundable job creation credit & job retention credit (include a copy of the credit certificate) .....	40.		00
41. Pass-through entity credit (include a copy of the Ohio IT K-1s).....	41.		00
42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....	42.		00
43. Venture capital credit (include a copy of the credit certificate) .....	43.		00
44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16).....	44.		00



# IT RC – Ohio Resident Credit Calculation

Use this form for tax years 2020 and forward.

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Include a copy of this form when filing your Ohio IT 1040.

Taxpayer name SAIVIVEK GOUD SHERLA	SSN 034 89 1035
---------------------------------------	--------------------

List any income taxed and any taxes paid to each state next to its postal abbreviation and list any income taxed and taxes paid to the District of Columbia next to "DC." You should include taxes paid on a composite income tax return if the taxes were not deductible in computing your federal adjusted gross income. Only income included in your Ohio adjusted gross income is eligible for this credit.

States without an income tax are not listed; do not include income earned or received in those states on this form. Additionally, full-year nonresidents are not entitled to this credit and should not use this form.

**Important:** Do not list any income in column A if you do not have tax paid in column B. Do not list a tax paid in column B if you do not have income taxed in column A.

(A) Income Taxed		(B) Tax Paid		(A) Income Taxed		(B) Tax Paid	
AL	00		00	MN	00		00
AR	00		00	MO	00		00
AZ	00		00	MS	00		00
CA	00		00	MT	00		00
CO	00		00	NC	00		00
CT	00		00	ND	00		00
DC	00		00	NE	00		00
DE	00		00	NH	00		00
GA	00		00	NJ	00		00
HI	00		00	NM	00		00
IA	00		00	NY	73220	00	4303
ID	00		00	OK	00		00
IL	00		00	OR	00		00
IN	00		00	PA	00		00
KS	00		00	RI	00		00
KY	00		00	SC	00		00
LA	00		00	UT	00		00
MA	00		00	VA	00		00
MD	00		00	VT	00		00
ME	00		00	WI	00		00
MI	00		00	WV	00		00

1a. **Ohio Adjusted Gross Income Taxed by Other States and the District of Columbia** (sum of all Column A amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits .... 1a. 73220 00

1b. **Tax Paid to Other States and the District of Columbia** (sum of all Column B amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits..... 1b. 4303 00

**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 SAIVIVEK GOUD		Last name SHERLA	Your social security number 034-89-1035
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 416 101ST AVE SE			Apt. no. 101
City, town, or post office. If you have a foreign address, also complete spaces below. BELLEVUE		State WA	ZIP code 98004
Foreign country name		Foreign province/state/county	Foreign postal code

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input 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.  <b>Standard Deduction for—</b> • 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.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	150,772.
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 10 . . . . .	<b>8</b>	-6,950.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	143,822.
	<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	143,822.
	<b>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	12,550.
	<b>b</b>	Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	300.
	<b>c</b>	Add lines 12a and 12b . . . . .	<b>12c</b>	12,850.
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	
<b>14</b>	Add lines 12c and 13 . . . . .	<b>14</b>	12,850.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	130,972.	

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	25,454.
17	Amount from Schedule 2, line 3 . . . . .	17	
18	Add lines 16 and 17 . . . . .	18	25,454.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812 . . . . .	19	
20	Amount from Schedule 3, line 8 . . . . .	20	
21	Add lines 19 and 20 . . . . .	21	
22	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	22	25,454.
23	Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b> . . . . . ▶	24	25,454.
25	Federal income tax withheld from:		
a	Form(s) W-2 . . . . .	25a	27,311.
b	Form(s) 1099 . . . . .	25b	
c	Other forms (see instructions) . . . . .	25c	
d	Add lines 25a through 25c . . . . .	25d	27,311.
26	2021 estimated tax payments and amount applied from 2020 return . . . . .	26	
27a	Earned income credit (EIC) . . . . . No	27a	
	Check here if you were born after January 1, 1998, 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"/>		
b	Nontaxable 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 <b>total other payments and refundable credits</b> ▶	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . . ▶	33	27,311.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	34	1,857.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . ▶ <input type="checkbox"/>	35a	1,857.
b	Routing number 0 4 4 0 0 0 0 3 7 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 1 3 9 9 7 6 1 8 . . . . .		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b> . . . ▶	36	
37	<b>Amount you owe.</b> 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.

Refund

Direct deposit? See instructions.

Amount You Owe

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.

Joint return? See instructions. Keep a copy for your records.

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	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ _____

Phone no. (513) 488-2446 Email address SAIVIVEKSHERLA@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 03/30/2022	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 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

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

Your social security number  
034-89-1035

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-6,950.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling income . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution . . . . .	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends . . . . .	<b>8f</b>	
<b>g</b>	Jury duty pay . . . . .	<b>8g</b>	
<b>h</b>	Prizes and awards . . . . .	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income . . . . .	<b>8i</b>	
<b>j</b>	Stock options . . . . .	<b>8j</b>	
<b>k</b>	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 . . . . .	<b>8k</b>	
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>	
<b>z</b>	Other income. List type and amount ▶ _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-6,950.

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____			
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
<b>i</b>	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 . . . . .	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount ▶ _____	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>	