Form 8879
(Rev. January 2021)
Department of the Treesury

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name

Taxpaye	er s name	Social secur	ty numb	ber			
AKS	HAY KUMAR BASAVARAJA	699-18	-664	5			
Spouse's name Spouse's social security number							
Part	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	66,500.			
2	Total tax		2	6,897.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	9,474.			
4	Amount you want refunded to you		4	2,577.			
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

X	l authorize	GLOBAL TAXES LLC	to enter or generate my PIN

8	6	6	4	5	
Ent don	as my				

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

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

Your signature ►

Date 🕨 _

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Enter five digits, but don't enter all zeros

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

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

Spouse's signature ►	Da	ate 🕨	•					 		
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Metho	d Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecte	ed PIN.	5	8			 	6 all zer	 9	8 9	Э

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 >	gnature Date Date						
	RO Must Retain This Form — See omit This Form to the IRS Unless						
For Denemicarly Deduction Act Nation and			Earm 8879 (Bay, 01 2021)				

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

REV 04/20/22 PRO

104		artment of the Treasury—Internal Revenue Serv S. Individual Income Ta		(⁹⁹⁾ urn 20	021	OMB No. 1	545-007	4 IRS Us	e Only	—Do not v	vrite or staple	in this space.
Filing Statu Check only one box.	lf yo	Single D Married filing jointly [bu checked the MFS box, enter the r son is a child but not your depender	name of	ed filing separa your spouse. If								
Your first name	e and mi	iddle initial	Last na	me						Your so	cial securi	ty number
AKSHAY	KUMAI	R	BASA	VARAJA						699-	18-664	5
If joint return, s	spouse's	s first name and middle initial	Last na	me						Spouse	's social se	curity number
		er and street). If you have a P.O. box, see AY DRIVE	e instructi	ons.				Apt. no.		Check I	here if you,	
City, town, or	post offi	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	ate	ZIP	code		•		ntly, want \$3 Checking a
ALPHARE	TTA				G	A	30	022		•	ow will not	0
Foreign countr	ry name		1	Foreign province	/state/cour	nty	For	eign postal	code	your tax	x or refund	
											You	Spouse
At any time du	uring 20	021, did you receive, sell, exchange						y virtual o	currer	ncy?	Ves	X No
Standard Deduction		eone can claim: U You as a de Spouse itemizes on a separate retu	rn or you	u were a dual-s	tatus alie							
		: Were born before January 2, 1	1957	_ Are blind	Spouse		born be	efore Janu		-	ls b	
Dependent				(2) Social s numb		(3) Relation					r (see instru	
If more	(1) ⊢	1) First name Last name		number to you		iu	Child tax cr		edit	Credit for ot	her dependents	
than four dependents,												
see instruction	ıs ——											
and check									<u> </u>			
here 🕨 🗌											<u> </u>	
Attach	1	Wages, salaries, tips, etc. Attach	L Í Í	W-2	· · ·		• •		• •	. 1		74,000.
Sch. B if	2a	Tax-exempt interest	2a		b 1	Taxable inte	erest		• •	. 2 b		
required.	<u>3a</u>	Qualified dividends	3a			Ordinary div			• •			
) 4a	IRA distributions	4a		b 1	Taxable amo	ount .		• •	. 4b)	
	5 a	Pensions and annuities	5a		b 1	Taxable amo	ount .		• •	. 5b		
Standard Deduction for –	6a	Social security benefits	6a			Taxable amo			• _	. 6b)	
Single or	7	Capital gain or (loss). Attach Sche	edule D if	f required. If no	ot required	d, check her	re.			_ 7	-	
Married filing	8	Other income from Schedule 1, lir							• •	. 8		-7,500.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your tot	al income	θ			. 1	▶ 9	_	66,500.
 Married filing jointly or 	10	Adjustments to income from Sche							• •	. 10		
Qualifying	11	Subtract line 10 from line 9. This i	s your a	djusted gross	income	· · ·	• •		. 1	► <u>11</u>		66,500.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from Sch	edule A)		12a	12	,550).		
Head of		Charitable contributions if you take		ndard deduction					200			
household, \$18,800	b	Charitable contributions if you take	e the star		n (see inst	tructions)	12b		300	J.		
	b c	Add lines 12a and 12b			·		12b		300	. <u>12</u>	c	12,850.
 If you checked 					·		12b	· · ·	300			12,850.
 If you checked any box under Standard Deduction, 	c	Add lines 12a and 12b Qualified business income deduct		 1 Form 8995 or	 Form 899	 95-A	12b 	· · ·	300	. 12	3	12,850. 12,850.

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	7,557.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	7,557.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	ie8					20	660.
	21	Add lines 19 and 20						21	660.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,897.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	6,897.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 9	,474.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c						25d	9,474.
If you have a	26	2021 estimated tax payment		• •	37			26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a			
		Check here if you were k							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or		L	Schedule 8812	28			
	29	American opportunity credit				29		1	
	30	Recovery rebate credit. See				30		1	
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug					lits 🕨	32	
	33	Add lines 25d, 26, and 32. T		•				33	9,474.
Defensel	34	If line 33 is more than line 24						34	2,577.
Refund	35a							35a	2,577.
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							i
See instructions.	►d	Account number 5 5 3					9		
	36	Amount of line 34 you want a			ed tax 🕨	36			
Amount	37	Amount you owe. Subtract				see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see ir				38			
Third Party	Do	you want to allow another				? See			
Designee		tructions	•				omplete b	below.	🗙 No
		signee's		Phone			onal identi		
		ne 🕨		no. 🕨			oer (PIN) 🖡		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· · ·	piete. Deciaration	Date	Your occupation				it you an Identity
	, 10	ur signature		Dale	Four occupation				N, enter it here
Joint return?					IT BUSINE	SS ANALYST	(see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.	,							tity Prote inst.) ▶ [ection PIN, enter it here
you recorder							,	inst.)	
		one no. (832)803-217	9 Preparer's signat	Email address	AKSHAYBASAV	ARAJA@GMAIL.CO)M PTIN	T	Chaoly if:
Paid		parer's name				Date			Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAN	1 05/13/2022	P0208		Self-employed
Use Only		m's name ► GLOBAL TAX			- 07 20041				678)965-9522
		m's address ► 2530 Pebb		n Cummin	-		Firm	's EIN ►	
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 04/20/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR. ctions and the latest information. OMB No. 1545-0074 2 Attachment

01

Internal Revenue Service	
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR

Your soci	al security number
699-18	-6645

Part I Additional Income

AKSHAY KUMAR BASAVARAJA

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions) \blacktriangleright			
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, true Schedule E		5	-7,500.
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			
_		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 ►	0-		
•		8z	0	
9 10	Total other income. Add lines 8a through 8z	 10 1010-5P or	9	
10	1040-NR, line 8	+0, 1040-3n, 0r	10	-7,500.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2021

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic 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	3	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) \blacktriangleright			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b			
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k			
z	Other adjustments. List type and amount ► 24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 04/20/22 PRO

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

OMB No. 1545-0074 2021

Attachment Sequence No. 03

	► Attach to	Form 1040,	1040-SR, or	[·] 1040-NR.
O a b a b a b a b a b a b a b a b a b a b a	····	4040 4		and the schedule of the former of

► Go to *www.irs.gov/Form1040* for instructions and the latest information.

	hown on Form 1040, 1040-SR, or 1040-NR				ecurity number
	KUMAR BASAVARAJA		699-	18-60	645
Part I	Nonrefundable Credits				
1 Fo	preign tax credit. Attach Form 1116 if required			1	
	redit for child and dependent care expenses from Form 244	1, line 11. /	Attach		
	orm 2441			2	
	ducation credits from Form 8863, line 19			3	660.
	etirement savings contributions credit. Attach Form 8880			4	
5 Re	esidential energy credits. Attach Form 5695			5	
6 Ot	ther nonrefundable credits:				
a Ge	eneral business credit. Attach Form 3800	6a			
b Cr	redit for prior year minimum tax. Attach Form 8801	6b			
c Ad	doption credit. Attach Form 8839	6c			
d Cr	edit for the elderly or disabled. Attach Schedule R	6d			
e Alt	ternative motor vehicle credit. Attach Form 8910	6e			
f Qu	ualified plug-in motor vehicle credit. Attach Form 8936	6f			
g Mo	ortgage interest credit. Attach Form 8396	6g			
h Dis	strict of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i Qu	ualified electric vehicle credit. Attach Form 8834	6i			
j Alt	ternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k Cr	redit to holders of tax credit bonds. Attach Form 8912	6k			
I An	nount on Form 8978, line 14. See instructions	61			
	her nonrefundable credits. List type and amount				
		6z			
7 To	otal other nonrefundable credits. Add lines 6a through 6z			7	
	dd lines 1 through 5 and 7. Enter here and on Form 1040, 1040	-SR, or 104	0-NR,		
lin	e 20			8 8	660.

Schedule 3 (Form 1040) 2021

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
z	Other payments or refundable credits. List type and amount	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	
	BAA REV	04/20/22 PRO	Schedu	le 3 (Form 1040) 2021

SCHEDULE E	
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

Attachment Sequence No. 13

20

(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.

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return							Your so	Your social security number		
AKSH.	AKSHAY KUMAR BASAVARAJA 699-18-6645									
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Not	e: If you	ı are in t	he business o	of renting	personal pi	operty, use
	Schedule C. See	instructions. If you are an individual, rep	ort farr	m rental	income	or loss	from Form 4	835 on pa	ge 2, line 4	0.
A Did	l vou make anv pavme	nts in 2021 that would require you to	o file F	orm(s)	1099? 5	See ins	tructions			(es 🛛 No
		pu file required Form(s) 1099?		. ,						
1a		each property (street, city, state, ZIF						• • •	•••	
A		sach property (street, oity, state, Zi	cout	-)						
- <u>-</u> B										
						Eai	r Rental	Porco	nal Use	
a	Type of Property (from list below)	2 For each rental real estate propabove, report the number of fa	perty I	isted al and			Days	_		QJV
_	. , ,	personal use days. Check the if you meet the requirements to	QJV b	ox only			_		-	
	3	if you meet the requirements to qualified joint venture. See inst	o file a	is a			365		0	<u> </u>
B		quained joint venture. See inst	liuciio	115.	В					<u>_</u>
C					С					
	of Property:									
	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self	-Rental			
2 Mult	ii-Family Residence	4 Commercial	6 Ro	yalties		8 Oth	<u>er (describe</u>	e)		
Incom	e:	Properties:			Α		E	3		С
3	Rents received		3			500.				
4	Royalties received .		4							
Expen										
5	Advertising		5							
6		nstructions)	6							
7			7			800.				
8			8							
9			9							
10		ssional fees	10							
11			11			600				
	-		-			600.				
12		d to banks, etc. (see instructions)	12							
13			13							
14			14			,000.				
15			15		1,	,600.				
16			16							
17			17		3,	,000.				
18		or depletion	18							
19	Other (list) ►		19							
20	Total expenses. Add	lines 5 through 19	20		8,	,000.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must								
			21		-7,	,500.				
22	Deductible rental real	estate loss after limitation, if any,								
	on Form 8582 (see in		22	(7,	500.)()()
23a	-	eported on line 3 for all rental prope				23a		500	•	,
b		eported on line 4 for all royalty prop				23b	-			
c		eported on line 12 for all properties				230				
d		eported on line 18 for all properties				230	-			
e		eported on line 20 for all properties				236		8,000		
24		e amounts shown on line 21. Do no						<u> </u>		
24 25		sses from line 21 and rental real estate		-			· · · · ·			7,500.)
										7,500.)
26		ate and royalty income or (loss).								
		V, and line 40 on page 2 do not								
	Schedule 1 (Form 102	10), line 5. Otherwise, include this ar	mount	in the	lotal or	1 line 4	i on page 2	. 26	וכ	-7,500.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Form **88663** Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

OITUA

Education Credits (American Opportunity and Lifetime Learning Credits) Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 50 Your social security number

699-18-6645

AKSHAY KUMAR BASAVARAJA

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part					
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5			
6	If line 4 is:				
	• Equal to or more than line 5, enter 1.000 on line 6				
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rot at least three places)			6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portunity credit;	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.			8	
Part	II Nonrefundable Education Credits				
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet			9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	3,300.
11	Enter the smaller of line 10 or \$10,000			11	3,300.
12	Multiply line 11 by 20% (0.20)			12	660.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	13	90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter	14	66,500.	-	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	23,500.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10,000.		
17	If line 15 is:				
	 Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rou				
	places)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	•	,	18	660.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit		•		
	instructions) here and on Schedule 3 (Form 1040), line 3			19	660.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA	REV 04/20/2	22 PRO	Form 8863 (2021)

Form 8863 (2021)	Form	8863	(2021)	
------------------	------	------	--------	--

Name(s) shown on return

Your social security number 699-18-6645

AKSHAY KUMAR BASAVARAJA

CAUT			u're claiming either the American e additional copies of page 2 as needed for
Par	III Student and Educational Institution Information	n. Se	e instructions.
_	Student name (as shown on page 1 of your tax return) AKSHAY KUMAR	21	Student social security number (as shown on page 1 of your tax return)
	BASAVARAJA		699-18-6645
22	Educational institution information (see instructions)		
a	Name of first educational institution	b	Name of second educational institution (if any)
	Campbellsville University Inc.		
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 University Drive 	(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
	CAMPBELLSVILLE KY 42718		
(2) Did the student receive Form 1098-T X Yes □ No from this institution for 2021?	(2	2) Did the student receive Form 1098-T ☐ Yes ☐ No from this institution for 2021?
(3) Did the student receive Form 1098-T from this institution for 2020 with box ☐ Yes X No 7 checked?	(Did the student receive Form 1098-Tfrom this institution for 2020 with box Yes No7 checked?
(4) Enter the institution's employer identification number (EIN if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	ú	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.
	61-0469267		
23	Has the Hope Scholarship Credit or American opportunit credit been claimed for this student for any 4 tax year before 2021?		Yes — Stop! Go to line 31 for this student. 🗴 No — Go to line 24.
24	Was the student enrolled at least half-time for at least on academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential See instructions.	n n or 🗙	Yes — Go to line 25. No — Stop! Go to line 31 for this student.
25	Did the student complete the first 4 years of postsecondar education before 2021? See instructions.	×	Yes — Stop! Go to line 31 for this No — Go to line 26. student.
26	Was the student convicted, before the end of 2021, of felony for possession or distribution of a controlled substance?	d 🗌	Yes — Stop! Go to line 31 for this student. No — Complete lines 27 through 30 for this student.
CAUT	you complete lines 27 through 30 for this student, don't		e learning credit for the same student in the same year. If lete line 31.
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). Do		
28	Subtract \$2,000 from line 27. If zero or less, enter -0		
29	Multiply line 28 by 25% (0.25)		
30	If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts		
	Lifetime Learning Credit		
31	Adjusted qualified education expenses (see instructions). Inc		
	III, line 31, on Part II, line 10		
			Form 8863 (2021)





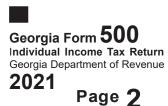
Georgia Form 500 (Rev. 08/02/21) Individual Income Tax Return

Individual Income Tax Return Georgia Department of Revenue 2021 (Approved software version)

Page 1

Fiscal Year Beginning	state GA issued						
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID		C	061708857			
YOUR FIRST NAME 1. AKSHAY KUMAR		МІ	your social s 699–18–	security number 6645			
LAST NAME (For Name Change See IT-5 BASAVARAJA	11 Tax Booklet)		s	UFFIX			
SPOUSE'S FIRST NAME		МІ	SPOUSE'S SOC	CIAL SECURITY NUMBER	DEPARTMENT USE ONLY		
LAST NAME			S	UFFIX			
ADDRESS (NUMBER AND STREET or P.O. BC 2. 5240 SKIDAWAY DRIVE	X) (Use 2nd address li	ne for Ap	t, Suite or Building	Number) CHECK IF ADDRESS HAS CH	ANGED		
CITY (Please insert a space if the city has mu 3. ALPHARETTA	Itiple names)		state GA	ZIP CODE 30022			
(COUNTRY IF FOREIGN)					Desideren Otatur		
4. Enter your Residency Status with the a	ppropriate numbe	r			Residency Status 4. 1		
1. FULL- YEAR RESIDENT 2. PART- YEAR RES	IDENT		тс	0	3. NONRESIDENT		
Omit Lines 9 thru 14 and use F	orm 500 Schedu	ule 3 if	you are a pa	rt-year or nonresident fi			
5. Enter Filing Status with appropriate I	Filing Status						
A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)							
6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself $ imes$ 6b. Spouse							
7a. Number of Dependents (Enter details o							

PAGES (1-5) ARE REQUIRED FOR PROCESSING





YOUR SOCIAL SECURITY NUMBER 699-18-6645

- 7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

 First Name, MI.

 Last Name
 - Social Security Number Relationship to You

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

Last Name

Relationship to You

Last Name

Last Name

Relationship to You

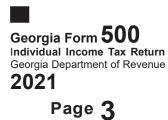
Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

 Federal adjusted gross income (From Federal Form 1040) (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or mor W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 	re, or your gross income is less than your
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	9300
10. Georgia adjusted gross income (Net total of Line 8 and Line 9)	D. 66200
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) 11a (See IT-511 Tax Booklet)	a. 4600
b. Self: 65 or over? Blind? Total x 1,300= 11b	р.
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b) 11c Use EITHER Line 11c OR Line 12c (Do not write on both lines)	c. 4600
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized	d deductions, you must include Federal Schedule A.
a. Federal Itemized Deductions (Schedule A- Form 1040) 12a	а.
b. Less adjustments: (See IT-511 Tax Booklet) 12t	р.
c. Georgia Total Itemized Deductions	C.
13. Subtract either Line 11c or Line 12c from Line 10; enter balance	3. 61600

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YOUR SOCIAL SECURITY NUMBER 699-18-6645

14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	2700
 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information). 	15a. …15b.	58900
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	58900
16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet)	16.	3214
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file electronically)	d 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	3214

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

	(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1.	WITHHOLDING TYPE:	1. WITHHOLDING TYPE:	1. WITHHOLDING TYPE:
	X W-2 G2-A G2-LP	W-2 G2-A G2-LP	W-2 G2-A G2-LP
	1099 G2-FL G2-RP	1099 G2-FL G2-RP	1099 G2-FL G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
	271832037		
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3058480NQ	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 74000	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5.	GA TAX WITHHELD 3490	5. GA TAX WITHHELD	5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

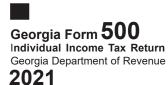
PAGES (1-5) ARE REQUIRED FOR PROCESSING

01 1555 115 2021 GA

21

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Page 4



2200411543

YOUR SOCIAL SECURITY NUMBER 699-18-6645

1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		G2-LP G2-RP	(INCOME STATEMENT F) 1. WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	G2-LP G2-RP
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WIT	HHOLDING ID	3. EMPLOYER/PAYER STATE WIT	HHOLDING ID
4.	GA WAGES / INCOME	4. GA WAGES / INCOME		4. GA WAGES / INCOME	
5.	GA TAX WITHHELD	5. GA TAX WITHHELD		5. GA TAX WITHHELD	
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s		23.		3490
24.	Other Georgia Income Tax Withheld	, 	24.		
25.	(Must include G2-A, G2-FL, G2-LP and/or C Estimated Tax paid for 2021 and Form I		25.		
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electroni		26.		
27.	Total prepayment credits (Add Lines 23, 2	24, 25 and 26)	27.		3490
28.	If Line 22 exceeds Line 27, subtract Line balance due		28.		
29.	If Line 27 exceeds Line 22, subtract Line overpayment		29.		276
30.	Amount to be credited to 2022 ESTIMA	TED TAX	30.		0
31.	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	31.		
32.	Georgia Fund for Children and Elderly (No gift of less than \$1.00)	32.		
33.	Georgia Cancer Research Fund (No gift	of less than \$1.00)	33.		
34.	Georgia Land Conservation Program (No	o gift of less than \$1.00)	34.		
35.	Georgia National Guard Foundation (No	gift of less than \$1.00)	35.		
36.	Dog & Cat Sterilization Fund (No gift of I	less than \$1.00)	36.		
37.	Saving the Cure Fund (No gift of less th	nan \$1.00)	37.		
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	open (REACH) Program	38.		
		RE REQUIRED FOR		SSING	

Georgia Form 50 Individual Income Tax Georgia Department of 2021	x Return		2200411553		YOUR SOCIAL SECUR 699-18-6645	ITY NUMBER
Page 5						
39. Public Safety Mer	morial Grant (No g	ift of less than \$1.00)				
40. Form 500 UET (E	Estimated tax pen	alty) 500 UET exce	ption attached 40			
	dd Lines 28, 31 th PAYABLE TO GEC	iru 40 RGIA DEPARTMENT (41 DF REVENUE			
	RTMENT OF REVE ENTER, PO BOX 74					
THIS IS YOUR R If you do not en	EFUND Iter Direct Depos	e sum of Lines 30 thru 4 it information or if y			ll be issued a paper check.	276
42a. Direct Deposit (U.S. # Type: Checking X Savings	Routing Number 0	54000030 531620076			Refund Due Mail To: GEORGIA DEPARTMENT O PROCESSING CENTER, PO ATLANTA, GA 30374-0380	
I/We declare under the per	nalties of perjury that I/ t, and complete. If pre	we have examined this retur	n (including accompanyin	g schedules a claration is bas	DOCUMENTS, OR TAX RETURN. and statements) and to the best of my sed on all information of which the prep (Check box if deceased)	
Taxpayer's Date of	Death		Spouse's Da	te of Death		
Taxpayer's Signatu	re Date	Taxpayer's Pr 832-803-			Spouse's Signature Date	
By providing my e-mail my account(s). Taxpayer's E-mail		ing the Georgia Department	of Revenue to electronic	ally notify me	at the below e-mail address regarding	g any updates to
	Address				I authorize DOR to with the named pre	
<u>SYAM PRIYA F</u> Signature of Prep	barer				r's Phone Number -965–9522	
Name of Preparer SYAM PRIYA	-	-			r's FEIN L017196	
Preparer's Firm Na GLOBAL TAX					r's SSN/PTIN/SIDN 082703	

GLOBAL TAXES LLC

REV 03/29/22 PRO

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SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW

Line 9 of Page 2 (+ or -) of Form 500 or 500X



2207211513

Schedule 1 Page 1

YOUR SOCIAL SECURITY NUMBER 699-18-6645

See IT-511 Tax Booklet

ADDITIONS to INCOME 1. Interest on Non-Georgia Municipal and State Bonds 1. 2. Lump Sum Distributions 2. 3. Reserved..... 3. 4. Net operating loss carryover deducted on Federal return..... 4 5. Other (Specify) 5. 6. Total Additions (Enter sum of Lines 1-5 here)..... 6. SUBTRACTION from INCOME 7. Retirement Income Exclusion (See IT-511 Tax Booklet) Complete Schedule 1, page 2 if claiming Retirement Income Exclusion. a. Self: Date of Birth Date of Disability: Type of Disability: 7a. Type of Disability: b. Spouse: Date of Birth Date of Disability: 7b. 8. Social Security Benefits (Taxable portion from Federal return)..... 8. 9. Path2College 529 Plan 9. 10. Interest on United States Obligations (See IT-511 Tax Booklet) 10. 11. Reserved 11. 12. Other Adjustments (Specify) Adjustment CHARITABLE DED Amount Adjustment Amount Adjustment Amount Adjustment Amount Total 12 13. Total Subtractions (Enter sum of Lines 7-12 here) 13. 14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on

14

300

300

300

REV 03/29/22 PRO





2207211523

(TAXPAYER)



YOUR SOCIAL SECURITY NUMBER 699-18-6645

See IT-511 Tax Booklet

(SPOUSE)

SCHEDULE 1 RETIREMENT INCOME EXCLUSION

1. Salary and wages
2. Other Earned Income (Losses)
3. Total Earned Income
4. Maximum Earned Income
5. Smaller of Line 3 or 4; if zero or less, enter zero
6. Interest Income
7. Dividend Income
8. Alimony
9. Capital Gains (Losses)
10. Other Income (Losses) (See IT-511 Tax Booklet)
11. Taxable IRA Distributions
12. Taxable Pensions
13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses)(See IT-511 Tax Booklet)
14. Total of Lines 6 through 13; if zero or less, enter zero
15. Add Lines 5 and 14
16. Maximum Allowable Exclusion*
17. Smaller of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7a. & b

*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.

1040		artment of the Treasury-Internal Revenue Serv S. Individual Income Ta		(99) t urn	202	21	OMB No. 154	5-0074	IRS U	se Only	–Do not v	vrite or staple	in this space.
Filing Statu Check only one box.	lf yo	u checked the MFS box, enter the r	name of	-			Head o						
		on is a child but not your dependen	1										
Your first nam			Last n									ocial securi	-
AKSHAY	-		-	AVARA	JA							18-664	-
If joint return,	spouse's	first name and middle initial	Last n	ame							Spouse	's social se	curity number
		er and street). If you have a P.O. box, see	e instruct	tions.					Apt. no.		•	ential Electi here if you.	on Campaign
-		AY DRIVE ce. If you have a foreign address, also co	omplete	snaces he		Sta	to	ZIP c	ode				ntly, want \$3
ALPHARE		ce. Il you have a loreign address, also co	ompiere	spaces be	10.00	Gi)22		Ŭ		Checking a
Foreign count				Foreign p	rovince/state	_			gn postal	codo	1	low will not x or refund	•
Foreign count	ryname			Foreign p	rovince/stati	e/couri	ty	Forei	yn postai	coue	your ta		
At any time d	uring 20	021, did you receive, sell, exchange	, or oth	erwise di	spose of a	ny fina	ancial interest	in any	virtual	curre	ncv?	☐ Yes	
Standard		eone can claim: You as a de			•	,	a dependent				,		
Deduction		Spouse itemizes on a separate retu	•										
Age/Blindnes	s You	Were born before January 2, 1	1957	Are b	lind S	pouse	: 🗌 Was bo	orn bef	ore Jan	uary 2	2, 1957	🗌 ls b	lind
Dependent	t s (see	instructions):		(2)	Social secur	ity	(3) Relations	hip				or (see instru	
If more	(1) F	irst name Last name		number to you				Child	tax c	redit	Credit for ot	ther dependents	
than four dependents,													
see instruction	าร ——												
and check													
here 🕨 🔄													
Attach	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2 .	· · ·					•	. 1		74,000.
Attach Sch. B if	2a	Tax-exempt interest	2a			bΤ	axable interes	st.			. 2t		
required.	<u>3a</u>	Qualified dividends	3a			bC	Ordinary divide	ends .			. 3t		
) 4a	IRA distributions	4a			bΤ	axable amou	nt	• •	•	. 4t		
	5 a	Pensions and annuities	5a				axable amou		• •	•	. 5t		
Standard Deduction for –	6a	Social security benefits	6a				axable amou	nt	• •	•	. 6t		
Single or	7	Capital gain or (loss). Attach Sche		if require	d. If not re	quired	, check here		• •		_ 7		
Married filing separately,	8	Other income from Schedule 1, lir							• •	•	. 8		-7,500.
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is yo	our total in	come				•	▶ 9		66,500.
 Married filing jointly or 	10	Adjustments to income from Sche								•	. 10	_	
Qualifying	11	Subtract line 10 from line 9. This is					· · · · ·	1			► <u>1</u> 1	I	66,500.
widow(er), \$25,100	12a	Standard deduction or itemized		•		,		2a	12	,55			
Head of	b	Charitable contributions if you take	e the sta	indard de	duction (se	e instr	ructions) 12	2b		30	0.		
household, \$18,800	с	Add lines 12a and 12b	• •								. 12	c	12,850.
 If you checked any box under 	13	Qualified business income deduct	tion fror	n Form 8	995 or For	m 899	95-A				. 13	_	
Standard	14	Add lines 12c and 13									. 14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. lf :	zero or less	s, ente	er-0				. 15	5	53,650.

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	7,557.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	7,557.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	ie8					20	660.
	21	Add lines 19 and 20						21	660.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,897.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	6,897.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 9	,474.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c						25d	9,474.
If you have a	26	2021 estimated tax payment		• •	37			26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a			
		Check here if you were k							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or		L	Schedule 8812	28			
	29	American opportunity credit				29		1	
	30	Recovery rebate credit. See				30		1	
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug					lits 🕨	32	
	33	Add lines 25d, 26, and 32. T		•				33	9,474.
Defensel	34							34	2,577.
Refund	35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							2,577.
Direct deposit?	►b	Routing number 0 5 4 0 0 0 0 3 0 > c Type: X Checking Savings							i
See instructions.	►d	Account number 5 5 3 1 6 2 0 0 7 6							
	36	Amount of line 34 you want a			ed tax 🕨	36			
Amount	37	Amount you owe. Subtract				see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see ir				38			
Third Party	Do	you want to allow another				? See			
Designee		tructions	•				omplete b	below.	🗙 No
		signee's		Phone			onal identi		
		ne 🕨		no. 🕨			oer (PIN) 🖡		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· · ·	piete. Deciaration	Date	Your occupation				it you an Identity
	, 10	ur signature		Dale	Four occupation				N, enter it here
Joint return?					IT BUSINE	SS ANALYST	(see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.	,							tity Prote inst.) ▶ [ection PIN, enter it here
your recorder							,	inst.)	
		one no. (832)803-217	9 Preparer's signat	Email address	AKSHAYBASAV	ARAJA@GMAIL.CO)M PTIN	T	Chaoly if:
Paid		parer's name				Date			Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAN	1 05/13/2022	P0208		Self-employed
Use Only		m's name ► GLOBAL TAX			- 07 20041				678)965-9522
		m's address ► 2530 Pebb		n Cummin	-		Firm	's EIN ►	
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 04/20/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

Internal Revenue Service	Go to www.irs.gov/Form1040 for instru-
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR

	Attachment Sequence No. 01
Your soc	ial security number
699-18	-6645

Part I Additional Income

AKSHAY KUMAR BASAVARAJA

1	Taxable refunds, credits, or offsets of state and local income taxe	S	1				
2 a	Alimony received		2a				
b	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	-7,500.			
6	Farm income or (loss). Attach Schedule F		6				
7	Unemployment compensation		7				
8	Other income:						
а	Net operating loss	8a ()				
b	Gambling income	8b					
с	Cancellation of debt	8c					
d	Foreign earned income exclusion from Form 2555	8d ()				
е	Taxable Health Savings Account distribution	8e					
f	Alaska Permanent Fund dividends	8f					
g	Jury duty pay	8g					
h	Prizes and awards	8h					
i	Activity not engaged in for profit income	8i					
j	Stock options	8j					
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such						
	property	8k	_				
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81					
m	Section 951(a) inclusion (see instructions)	8m					
n	Section 951A(a) inclusion (see instructions)	8n					
ο	Section 461(I) excess business loss adjustment	80					
р	Taxable distributions from an ABLE account (see instructions) .	8p					
z	Other income. List type and amount ►						
-		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	-7,500.			
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	ile 1 (Form 1040) 2021			

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic 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	3	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) \blacktriangleright			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81 24c			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k			
z	Other adjustments. List type and amount ► 24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 04/20/22 PRO

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

OMB No. 1545-0074 2021

Attachment Sequence No. 03

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

		cial security number			
			18-66	45	
Part I N	Ionrefundable Credits				
1 Foreig	Foreign tax credit. Attach Form 1116 if required			1	
	Credit for child and dependent care expenses from Form 2441, line 11. Attach			2	
	Form 2441				
				3	660.
	Retirement savings contributions credit. Attach Form 8880				
5 Resid	ential energy credits. Attach Form 5695			5	
6 Other	nonrefundable credits:				
a Gener	ral business credit. Attach Form 3800	6a			
b Credit	t for prior year minimum tax. Attach Form 8801	6b			
c Adopt	tion credit. Attach Form 8839	6c			
d Credit	t for the elderly or disabled. Attach Schedule R	6d			
e Altern	ative motor vehicle credit. Attach Form 8910	6e			
f Qualif	fied plug-in motor vehicle credit. Attach Form 8936	6f			
g Mortg	gage interest credit. Attach Form 8396	6g			
h Distric	ct of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i Qualif	fied electric vehicle credit. Attach Form 8834	6i			
j Altern	ative fuel vehicle refueling property credit. Attach Form 8911	6j			
-	t to holders of tax credit bonds. Attach Form 8912	6k			
I Amou	Int on Form 8978, line 14. See instructions	61			
	nonrefundable credits. List type and amount ►				
		6z			
7 Total	other nonrefundable credits. Add lines 6a through 6z			7	
line 20	0			8	660.

Schedule 3 (Form 1040) 2021

Par	II Other Payments and Refundable Credits				
9	Net premium tax credit. Attach Form 8962		9		
10	Amount paid with request for extension to file (see instructions) .	10			
11	1 Excess social security and tier 1 RRTA tax withheld				
12	12 Credit for federal tax on fuels. Attach Form 4136				
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b			
С	Health coverage tax credit from Form 8885	13c			
d	Credit for repayment of amounts included in income from earlier years	13d			
е	Reserved for future use	13e			
f	Deferred amount of net 965 tax liability (see instructions)	13f			
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g			
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h			
z	Other payments or refundable credits. List type and amount	13z			
14	Total other payments or refundable credits. Add lines 13a through	14			
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15		
	BAA REV	04/20/22 PRO	Schedu	le 3 (Form 1040) 2021	