

# 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 <b>AKARSH VARRE</b>	Social security number 809-51-4735
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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	138,734.
<b>2</b> Total tax . . . . .	<b>2</b>	24,233.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	27,331.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	3,098.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## 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 

1	4	7	3	5
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

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 as my signature on the income tax return (original or amended) I am now authorizing.

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 [X] 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: AKARSH
Last name: VARRE
Your social security number: 809-51-4735
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.
30 GATES MILL ST, NW
Apt. no. 8210
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 [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions (e.g., Wages, salaries, tips, etc.), and amounts. Total income is 138,734. Taxable income is 125,884.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	24,233.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	24,233.
<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>	24,233.
<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>	24,233.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	27,331.
<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>	27,331.
<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>	27,331.
<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>	3,098.
	<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>	3,098.
Direct deposit? See instructions.	<b>b</b> Routing number 031000053 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 8406856243		
	<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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SR ROBOTICS ENGINEER	
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. (267) 632-3517 Email address AV12@IITBBS.AC.IN

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/18/2022	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	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  
AKARSH VARRE

Your social security number  
809-51-4735

**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>	-12,210.
<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>	-12,210.

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

Schedule 1 (Form 1040) 2021

**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 D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return  
AKARSH VARRE

Your social security number  
809-51-4735

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	2,510.	2,294.		216.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 216.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	216.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b> ( )	
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		







**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

AKARSH VARRE

809-51-4735

**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>	Nagole HYDERABAD TELANGANA IN 500068				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> 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.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<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
<b>3</b>	Rents received . . . . .	<b>3</b>	600.		
<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>	1,500.		
<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>	1,100.		
<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>	3,210.		
<b>15</b>	Supplies . . . . .	<b>15</b>	3,000.		
<b>16</b>	Taxes . . . . .	<b>16</b>			
<b>17</b>	Utilities. . . . .	<b>17</b>	4,000.		
<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>	12,810.		

<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 Form 6198 . . . . .	<b>21</b>	-12,210.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( 12,210. )	( )	( )

<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	600.		
<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>	12,810.		

<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not 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>	( 12,210. )		

<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>	-12,210.		
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For Paperwork Reduction Act Notice, see the separate instructions. NPA -12,210. Schedule E (Form 1040) 2021



# New York State E-File Signature Authorization for Tax Year 2021

## For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

**Electronic return originator (ERO):** Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name AKARSH VARRE	Spouse's name (jointly filed return only)
---------------------------------	---

### Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

### General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2021 Form IT-370 and Tax Year 2022 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

### Part A – Tax return information

1 Federal adjusted gross income (from applicable line) .....	1.	138734.
2 Refund .....	2.	3.
3 Amount you owe .....	3.	
4 Financial institution routing number .....	4.	031000053
5 Financial institution account number .....	5.	8406856243
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

### Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2021 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2021 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2021 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

### Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2021 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2021 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

### Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03182022



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning ..... **21**  
and ending .....

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

Your first name and middle initial AKARSH		Your last name (for a joint return, enter spouse's name on line below) VARRE		Your date of birth (mmddyyyy) 01281994	Your Social Security number 809514735
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 12) (number and street or PO Box) 30 GATES MILL ST NW				Apartment number 8210	New York State county of residence NR
City, village, or post office HUNTSVILLE		State AL	ZIP code 35806	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
State		ZIP code	Country	Decedent information	Taxpayer's date of death
					Spouse's date of death
				School district code number	

### 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 (mmddyyyy) .....
- 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? Yes  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 (mmddyyyy)

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  
809514735

**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	150728 .00	1	5561 .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	216 .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	-12210 .00	11	.00
12	Rental real estate included in line 11 (federal amount) <b>12.</b> -12210 .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	138734 .00	17	5561 .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	138734 .00	19	5561 .00
19a	Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	19a	138734 .00	19a	5561 .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	138734 .00	23	5561 .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	138734 .00	31	5561 .00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 138734 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203002213555



Name(s) as shown on page 1  
AKARSH VARRE

Enter your Social Security number  
809514735

**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 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	130734.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 27)	000.00
36 <b>New York taxable income</b> (subtract line 35 from line 34)	130734.00

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

37 <b>New York taxable income</b> (from line 36)	130734.00
38 New York State tax on line 37 amount (see page 28)	8076.00
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)	8076.00
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)	8076.00
43 New York State earned income credit (see page 29)	.00

44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	8076.00
--	---------

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

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	324.00
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)	324.00
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)	324.00

**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
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from line 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	324.00

See instructions on pages 29 through 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203003213555





Enter your Social Security number
809514735

59 Enter amount from line 58 ..... 59 324 .00

Payments and refundable credits (see page 32)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 10 and 11). Do not send federal Form W-2 with your return.

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

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

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

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 35 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2022 tax, amount owed, and other penalties and interest.

See page 38 for the proper assembly of your return.

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: [X] Personal checking - or - [ ] Personal savings - or - [ ] Business checking - or - [ ] Business savings
73b Routing number 031000053 73c Account number 8406856243

74 Electronic funds withdrawal (see page 36) ..... Date [ ] Amount [ ] .00

Third-party designee? (see instr.) Yes [ ] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, Email.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, Email.

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

New York State • New York City • Yonkers

# IT-2

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

809514735

Box b Employer identification number (EIN)

462283648

### Box c Employer's information

Employer's name			
JUSTWORKS EMPLOYMENT GROUP LLC			
Employer's address (number and street)			
P.O. BOX 7119 CHURCH STREET STATION			
City	State	ZIP code	Country (if not United States)
NEW YORK	NY	10008	

Box 1 Wages, tips, other compensation

150728.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

7249.00

Code

DD

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

29.00

Description

NY-PFL

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

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

NY

Box 16a NYS wages, tips, etc.

5561.00

Box 17a NYS income tax withheld

327.00

Other state information:

Box 15b other state

AL

Box 16b Other state wages, tips, etc.

145167.00

Box 17b Other state income tax withheld

5843.00

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

Box b Employer identification number (EIN)

### Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

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

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.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 D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return  
AKARSH VARRE

Your social security number  
809-51-4735

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  **Yes**  **No**  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	2,510.	2,294.		216.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 216.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	216.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.	<b>21</b>	( )
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.  <input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return  
AKARSH VARRE

Social security number or taxpayer identification number  
809-51-4735

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Crypto LLC	01/01/21	05/13/21	880.	756.			124.
	Robinhood Securities LLC	01/01/21	12/15/21	1,630.	1,538.			92.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				2,510.	2,294.			216.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

AKARSH VARRE

809-51-4735

**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>	Nagole HYDERABAD TELANGANA IN 500068				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> 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.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		<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
<b>3</b>	Rents received . . . . .	<b>3</b>	600.		
<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>	1,500.		
<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>	1,100.		
<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>	3,210.		
<b>15</b>	Supplies . . . . .	<b>15</b>	3,000.		
<b>16</b>	Taxes . . . . .	<b>16</b>			
<b>17</b>	Utilities. . . . .	<b>17</b>	4,000.		
<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>	12,810.		

<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 Form 6198 . . . . .	<b>21</b>	-12,210.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( 12,210. )	( )	( )

<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	600.		
<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>	12,810.		

<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not 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>	( 12,210. )		

<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>	-12,210.		
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For Paperwork Reduction Act Notice, see the separate instructions. NPA -12,210. Schedule E (Form 1040) 2021

FORM 40 Alabama 2021 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2021, or other tax year:

Beginning: Ending:

Your social security number

809-51-4735

Spouse's SSN if joint return

Check if primary is deceased Primary's deceased date (mm/dd/yy)

Check if spouse is deceased Spouse's deceased date (mm/dd/yy)

Your first name

AKARSH

Initial

Last name

VARRE

Spouse's first name

Initial

Last name

Present home address (number and street or P.O. Box number)

30 GATES MILL ST, NW 8210

City, town or post office

HUNTSVILLE

State

AL

ZIP code

35806

Check if address is outside U.S. Foreign Country

CHECK BOX IF AMENDED RETURN

Filing Status/ Exemptions: 1 Married filing jointly, 2 Single, 3 Married filing separate, 4 Head of Family

	A - Alabama tax withheld		B - Income	
	5a		5b	
5a Alabama Income Tax Withheld	5,843		150,728	
5b Wages, salaries, tips, etc.				
6 Interest and dividend income				
7 Other income			-11,994	
8 Total income			138,734	
9 Total adjustments to income				
10 Adjusted gross income			138,734	

11 Deductions: a Itemized Deductions 10,980; b Standard Deduction

12 Federal tax deduction: 24,233

13 Personal exemption: 1,500

14 Dependent exemption

15 Total deductions: 36,713

16 Taxable income: 102,021

17 Income Tax due: 5,059

18 Net tax due Alabama: 4,868

19 Additional taxes: 0

20 Alabama Election Campaign Fund

21 Total tax liability and voluntary contribution: 4,868

22 Alabama income tax withheld: 5,843

23 2021 estimated tax payments

24 Amended Returns Only - Previous payments

25 Refundable Credits

26 Payments from Schedule CP

27 Total payments: 5,843

28 Amended Returns Only - Previous refund

29 Adjusted Total Payments: 5,843

30 AMOUNT YOU OWE: 975

31 Penalties

32 OVERPAID: 975

33 Amount of line 32 to be applied to your 2022 estimated tax

34 Total Donation Check-offs from Schedule DC

35 REFUND: 975

For Direct Deposit, check here

Deductions: If claiming a deduction on line 12, you must attach page 1, 2 and Schedule 1 of your Federal Return, if applicable.



**PART I**

1	Alimony received	1	●
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	●
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	● 216
<b>Other Income</b>	<b>4a</b> Total IRA distributions	<b>4a</b>	●
	<b>4b</b> Taxable amount (see instructions)	<b>4b</b>	●
	<b>5a</b> Total pensions and annuities	<b>5a</b>	●
	<b>5b</b> Taxable amount (see instructions)	<b>5b</b>	●
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	● -12,210
7	Farm income or (loss) (attach Federal Schedule F)	7	●
8	Other income (state nature and source — see instructions)	8	●
9	<b>Total other income.</b> Add lines 1 through 8. Enter here and also on page 1, line 7	9	● -11,994

**PART II**

1a	Your IRA deduction	1a	●
b	Spouse's IRA deduction	1b	●
2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	●
3	Penalty on early withdrawal of savings	3	●
4	Alimony paid. Recipient's last name _____ SSN ● _____	4	●
5	Adoption expenses	5	●
6	Moving Expenses (Attach Federal Form 3903) to: City _____ State ____ ZIP _____	6	●
7	Self-employed health insurance deduction	7	●
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	●
9	Health insurance deduction for small employer employee (see instructions)	9	●
10	Costs to retrofit or upgrade home to resist wind or flood damage	10	●
11	Deposits to a catastrophe savings account	11	●
12	Contributions to a health savings account	12	●
13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions)	13	●
14	Firefighter's Insurance Premium	14	●
15	Contributions to an Achieving a Better Life Experience (ABLE) savings account	15	●
16	Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9	16	●

**PART III**

1	Total number of dependents from Schedule DS, line 1b	1	●
2	<b>Amount allowed.</b> (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions.) Enter amount here and on page 1, line 14	2	●

**PART IV**

**General Information**

1 **Residency** Check only one box  Full Year  Part Year From \_\_\_\_\_ 2021 through \_\_\_\_\_ 2021.

2 Did you file an Alabama income tax return for the year 2020?  Yes  No If no, state reason OTHER STATE

3 Give name and address of present employer(s). Yours NONE  
Your Spouse's \_\_\_\_\_

**All Taxpayers Must Complete This Section.**

4 Enter the Federal Adjusted Gross Income ● \$ 138,734 and Federal Taxable Income ● \$ 125,884 as reported on your 2021 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?  Yes  No  
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source ●	Amount ●
Source ●	Amount ●

**PART V**

For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)

**Direct Deposit**

1 Routing Number: 031000053 2 Type:  Checking  Savings 3 Account Number: 8406856243

4 Is this refund going to or through an account that is located outside of the United States?  Yes  No

**Drivers License Info**

DOB (mm/dd/yyyy) ● XX/XX/XXXX Your state ● XX DL# ● XXXXXXXX Iss date (mm/dd/yyyy) ● XX/XX/XXXX Exp date (mm/dd/yyyy) ● XX/XX/XXXX

DOB (mm/dd/yyyy) ● \_\_\_\_\_ Spouse state ● \_\_\_\_\_ DL# ● \_\_\_\_\_ Iss date (mm/dd/yyyy) ● \_\_\_\_\_ Exp date (mm/dd/yyyy) ● \_\_\_\_\_

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.  
**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.

**Sign Here In Black Ink**  
Keep a copy of this return for your records.

Your Signature	Date	Daytime Telephone Number	Your Occupation
_____	_____	<u>(267) 632-3517</u>	<u>SR ROBOTICS ENGINEER</u>
Spouse's Signature (if joint return, BOTH must sign)	Date	Daytime Telephone Number	Spouse's Occupation
_____	_____	_____	_____

**Paid Preparer's Use Only**

Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 03/18/2022 Check if Self-employed  Preparer's SSN or PTIN P02082703 E.I. Number 30-1017196

Firm's Name (or yours if self-employed) GLOBAL TAXES LLC Daytime Telephone No. (678) 965-9522 ZIP Code 30041

Address 2530 PEBBLE CREEK LN CUMMING GA

**SCHEDULES  
A, B, & DC  
(FORM 40)**



(Schedules B and DC are on back page)

ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40 <b>AKARSH VARRE</b>	Your social security number <b>809-51-4735</b>
--	---

The itemized deductions you may claim for the year 2021 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

<b>Medical and Dental Expenses</b>		<i>CAUTION: Do not include expenses reimbursed or paid by others.</i>				
1	Medical and dental expenses.....	1	0 00			
2	Enter amount from Form 40, line 10. ....	2	00			
3	Multiply the amount on line 2 by 4% (.04). Enter the result.....	3	00			
4	Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-.....	4	•			00
<b>Taxes You Paid</b>						
5	Real estate taxes.....	5	00			
6	FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.....	6	10,680 00			
7	Railroad Retirement (Tier 1 only).....	7	00			
8	Other taxes. (List - include personal property taxes.) ▶	8	00			
9	Add the amounts on lines 5 through 8. Enter the total here.....	9	•			10,680 00
<b>Interest You Paid</b>						
10a	Home mortgage interest and points reported to you on Federal Form 1098.....	10a	00			
b	Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶	10b	00			
11	Qualified mortgage insurance premiums.....	11	00			
12	Points not reported to you on Form 1098.....	12	00			
13	Investment interest. (Attach Form 4952A.).....	13	00			
14	Add the amounts on lines 10a through 13. Enter the total here.....	14	•			00
<b>Gifts to Charity</b>						
<i>CAUTION: If you made a charitable contribution and received a benefit in return, see instructions.</i>						
15	Contributions by cash or check.....	15	300 00			
16	Other than cash or check. (You <b>MUST</b> attach Federal Form 8283 if over \$500.).....	16	00			
17	Carryover from prior year.....	17	00			
18	Add the amounts on lines 15 through 17. Enter the total here.....	18	•			300 00
<b>Casualty and Theft Loss</b>						
19a	Enter the loss from Federal Form 4684, either <b>A</b> <input type="checkbox"/> line 15, or <b>B</b> <input type="checkbox"/> line 16.....	19a	00			
b	Enter 10% of your Adjusted Gross Income (Form 40, line 10) if box B is checked, otherwise enter zero.....	19b	00			
c	Subtract line 19b from line 19a. If zero or less, enter -0-.....	19c	•			00
<b>Job Expenses and Most Other Miscellaneous Deductions</b>						
20	Unreimbursed employee expenses — job travel, union dues, job education, etc. (You <b>MUST</b> attach Federal Form 2106 if required. See instructions.) ▶	20	00			
21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶	21	00			
22	Add the amounts on lines 20 and 21. Enter the total.....	22	00			
23	Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here.....	23	00			
24	Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-.....	24	•			00
25	Other (from list in the instructions). List type and amount. ▶	25	•			00
<b>Other Miscellaneous Deductions</b>						
<b>Qualified Long-Term Care Ins. Premiums</b>						
<i>CAUTION: Do not include medical premiums.</i>						
26	Enter amount here.....	26	•			00
<b>Total Itemized Deductions</b>	27 Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions.....	27	•			10,980 00





SCHEDULE  
**ATP**

ALABAMA DEPARTMENT OF REVENUE  
INCOME TAX ADMINISTRATION DIVISION  
**Additional Taxes & Penalties**

**2021**

NAME(S) AS SHOWN ON THE TAX RETURN

SOCIAL SECURITY NUMBER

AKARSH VARRE

809-51-4735

**PART I** Additional Taxes

1	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input checked="" type="checkbox"/>	1	●	0
2	Catastrophe savings tax (see instructions)	2	●	
3	Total Additional Taxes. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 19	3	●	0

**PART II** Penalties

1	Estimated Tax Penalty (see instructions)	1	●	
2	First-time Second chance Home Buyer Savings Account penalty (from Schedule HBC, Part IV, Line 4)	2	●	
3	Total penalties. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 31	3	●	



Alabama Department of Revenue  
Credit For Taxes Paid To Other States

NAME(S) AS SHOWN ON THE TAX RETURN  
AKARSH VARRE

SOCIAL SECURITY NUMBER  
809-51-4735

Complete one part for each state that you are claiming credit. If there is not enough space, additional forms may be completed as needed.

**PART 1**

1	2021 Taxable Income as shown on the (name of state) ● NEW YORK state return ..	1	●	5,242
2	Portion of Alabama Adjusted Gross Income Attributable to this State.....	2	●	5,242
3	Tax due the other state using Alabama tax rates.....	3	●	223
4	Tax due the other state as shown on that state's return or Form W-2G .....	4	●	324
5	Enter the smaller of lines 3 and 4 above .....	5	●	223

**PART 2**

6	2021 Taxable Income as shown on the (name of state) ● state return ..	6	●	
7	Portion of Alabama Adjusted Gross Income Attributable to this State.....	7	●	
8	Tax due the other state using Alabama tax rates.....	8	●	
9	Tax due the other state as shown on that state's return or Form W-2G .....	9	●	
10	Enter the smaller of lines 8 and 9 above .....	10	●	

**PART 3**

11	2021 Taxable Income as shown on the (name of state) ● state return ..	11	●	
12	Portion of Alabama Adjusted Gross Income Attributable to this State.....	12	●	
13	Tax due the other state using Alabama tax rates.....	13	●	
14	Tax due the other state as shown on that state's return or Form W-2G .....	14	●	
15	Enter the smaller of lines 13 and 14 above .....	15	●	

**PART 4**

16	2021 Taxable Income as shown on the (name of state) ● state return ..	16	●	
17	Portion of Alabama Adjusted Gross Income Attributable to this State.....	17	●	
18	Tax due the other state using Alabama tax rates.....	18	●	
19	Tax due the other state as shown on that state's return or Form W-2G .....	19	●	
20	Enter the smaller of lines 18 and 19 above .....	20	●	

**PART 5**

21	2021 Taxable Income as shown on the (name of state) ● state return ..	21	●	
22	Portion of Alabama Adjusted Gross Income Attributable to this State.....	22	●	
23	Tax due the other state using Alabama tax rates.....	23	●	
24	Tax due the other state as shown on that state's return or Form W-2G .....	24	●	
25	Enter the smaller of lines 23 and 24 above .....	25	●	

Schedule OC, Section B, part A should not be completed until a schedule has been completed for each state that you are claiming a credit.

**PART 6**

26	Sum of Alabama Adjusted Gross Income Attributable to all other States (Add lines 2, 7, 12, 17, and 22 from Parts 1, 2, 3, 4 and 5) Enter here and on Schedule OC, Section B, Part A, line A1 .....	26	●	5,242
27	Enter the Sum of lines 5, 10, 15, 20 and 25 from Parts 1, 2, 3, 4, and 5, here and on Schedule OC, Section B, Part A, line A5.....	27	●	223



Alabama Department of Revenue  
**Other Available Credits**  
ATTACH TO FORM 40 OR 40NR

\* Individual Credits must be submitted through My Alabama Taxes (MAT) before completion of the Schedule OC. See instructions for submission details.

Name(s) as shown on Form 40 or 40NR **AKARSH VARRE** Your social security number **809-51-4735**

**SECTION A** Current Tax Period Liability. Enter tax amount from Form 40, page 1, line 17 or Form 40NR, page 1, line 19 ..... ● **5,059**  
**SECTION B** Current Year Credits

**PART A – Credit for Taxes Paid to Other States (Form 40 Only)**

A1. Sum of Alabama Adjusted Gross Income Attributable to all other States from Schedule CR, line 26 .....	A1	5,242	
A2. Alabama Adjusted Gross Income from Form 40, page 1, line 10 .....	A2	138,734	
A3. Total Other States' % of Alabama AGI (Divide line A1 by line A2) .....	A3	● 0.0378	
A4. Multiply the current tax liability (Section A) by line A3 .....	A4	● 191	
A5. Enter line 27 from Schedule CR .....	A5	223	
A6. Credit Allowable (Enter smaller of lines A4 or A5). Enter here and on Section C, Part A, Column 3 .....	A6	●	191

**PART B – Alabama Enterprise Zone Credit or Exemption**

B1. Enter amount from Schedule EZK1, Part II, page 2, line 13, or Schedule EZ, Part IV, page 2, line 13. Enter here and on Section C, Part B, Column 3 ..... B1 ●

**PART C – Basic Skills Education Credit**

Attach this schedule to your Alabama return along with a copy of your approved certification notice issued by the Alabama Department of Education.

C1. Enter your assigned Department of Education Certification Number .....			
C2. Name of employer/firm sponsoring the education program .....			
C3. Name of approved provider .....		Location	
C4. Were all participants for whom you are claiming a tax credit continuously employed by you for at least 16 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No			
C5. If the answer to line C4 is yes, did employee(s) work at least 24 hours each week? <input type="checkbox"/> Yes <input type="checkbox"/> No			
C6. If the answer to lines C4 and C5 above is yes, enter the total expenses available for credit (see instructions) .....	C6		
C7. CREDIT ALLOWABLE. Multiply line C6 by 20% (.20). Enter here and on Section C, Part C, Column 3 .....	C7	●	

**PART D – Rural Physician Credit**

D1. Name of hospital and community where you live and provide medical services .....			
D2. Maximum Rural Physician Credit. Qualifying Physicians, enter \$5,000. If Married Filing Jointly (MFJ) and both spouses qualify for Rural Physician Credit, enter \$10,000 .....	D2	●	
D3. CREDIT ALLOWABLE. Enter the amount from line D2. Enter here and on Section C, Part D, Column 3 .....	D3	●	

**PART E – Coal Credit\***

E1. CREDIT ALLOWABLE. Enter here and on Section C, Part E, Column 3 .....

**PART F – Full Employment Act of 2011 Credit.\* Owners of qualified employers that are entities taxed under subchapters S or K of the Internal Revenue Code will report their pro rata share of credit on line F6 below.**

Were you in business with 50 or fewer full and/or part-time employees on June 9, 2011?  Yes  No If "No", you do not qualify for this credit.

F1. Number of full time employees on 12-31-2020 .....	F1		
F2. Number of full time employees on 12-31-2019 .....	F2		
F3. Subtract line F2 from line F1. If less than or equal to zero, STOP! You do not qualify for credit .....	F3		
F4. Number of qualifying new employees from line F3 that completed their first 12 months service in 2021 .....	F4		
F5. Multiply line F4 by \$1,000.00 .....	F5		
F6. Pro rata share of credit from Schedule K-1 .....	F6		
FEIN of entity .....			
F7. CREDIT ALLOWABLE. Add line F5 and line F6. Enter here and on Section C, Part F, Column 3 .....	F7	●	

**PART G – Veterans Employment Act - Employer's Credit.\* Owners of qualified employers that are entities taxed under subchapters S or K of the Internal Revenue Code skip Lines G1 and G2 and report your pro rata share of credit on line G3 below.**

**EMPLOYER CREDIT**

G1. Number of unemployed veterans included in Part F, line F4 .....	G1		
G2. Multiply line G1 by \$2,000.00 .....	G2		
G3. Pro rata share of credit from Schedule K-1 .....	G3		
FEIN of entity .....			
G4. CREDIT ALLOWABLE. Add line G2 and line G3. Enter here and on Section C, Part G, Column 3 .....	G4	●	



Name(s) as shown on Form 40 or 40NR <b>AKARSH VARRE</b>	Your social security number <b>809-51-4735</b>
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**PART H – Veterans Employment Act - Business Startup Expense Credit.\*** For owners of qualified employers that are entities taxed under subchapters S or K of the Internal Revenue Code skip Lines H1 through H4 and report your pro rata share of credit on line H5 below.

Did this business start up after April 2, 2012?  Yes  No If "No", you do not qualify for this credit.

<b>BUSINESS START-UP EXPENSES CREDIT</b>	
H1 Name and business ID number _____	
H2 Enter total amount of business start-up expenses .....	<b>H2</b>
H3 Maximum credit .....	<b>H3</b> <b>\$2,000</b>
H4 Enter the lesser of line H2 or line H3 .....	<b>H4</b>
H5 Pro rata share of credit from Schedule K-1 .....	<b>H5</b>
FEIN of entity _____ (If credit from more than one entity, attach schedule.)	
H6 CREDIT ALLOWABLE. Add line H4 and line H5. Enter here and on Section C, Part H, Column 3. ....	<b>H6</b> ●

**PART I – Credit for Taxes paid to a Foreign Country (For Form 40 Only) Note:** All dollar figures must be in U.S. dollars.

I1 S Corporation/Partnership/Estate/Trust Name ● _____	
I2 FEIN ● _____	
I3 Name of country income earned in ● _____	
I4 Your pro rata share in entity .....	<b>I4</b> ●
I5 Pro rata share of income from foreign operations .....	<b>I5</b> ●
I6 Alabama tax imposed on the pro rata share of income from foreign operations as reported on line I5 .....	<b>I6</b> ●
I7 Pro rata share of tax due the foreign country as shown on that country's tax return .....	<b>I7</b> ●
I8 Multiply I7 by 50% (.50) .....	<b>I8</b> ●
I9 CREDIT ALLOWABLE. Enter the lesser of line I6 or line I8. Enter here and on Section C, Part I, Column 3. ....	<b>I9</b> ●

**PART J – Qualified Irrigation System/Reservoir System Tax Credit\*** (Any unused Qualified Irrigation System/Reservoir System Tax Credit may be carried forward for a maximum of 5 years.)

Type of Credit: Select either the purchase or conversion of irrigation system checkbox or the construction of reservoir checkbox. You cannot select both. However, the pro-rata share of credit checkbox can be selected in addition to either. ● <input type="checkbox"/> Purchase or conversion of irrigation system. Complete lines J1 through J6 and J11 through J13 below. Skip lines J7 through J10. ● <input type="checkbox"/> Construction of reservoir. Skip lines J1 through J6 and complete lines J7 through J13 below. ● <input type="checkbox"/> Pro-rata share of credit from Subchapter S or K. Complete lines J12 through J13 below.	
J1 Purchase cost and installation costs of irrigation system .....	<b>J1</b> ●
J2 Conversion costs to convert from fuel to electricity .....	<b>J2</b> ●
J3 Add lines J1 and J2 .....	<b>J3</b> ●
J4 Multiply line J3 by 20% (.20) not to exceed \$10,000 .....	<b>J4</b> ●
J5 Multiply line J3 by 10% (.10) not to exceed \$50,000 .....	<b>J5</b> ●
J6 Enter the greater of line J4 or line J5 .....	<b>J6</b> ●
J7 Cost of qualified reservoir construction .....	<b>J7</b> ●
J8 Multiply line J7 by 20% (.20) not to exceed \$10,000 .....	<b>J8</b> ●
J9 Multiply line J7 by 10% (.10) not to exceed \$50,000 .....	<b>J9</b> ●
J10 Enter the greater of line J8 or line J9 .....	<b>J10</b> ●
J11 Enter the amount from either line J6 or line J10, but not both .....	<b>J11</b> ●
J12 Pro rata share of credit from Schedule K-1 .....	<b>J12</b> ●
FEIN of entity ● _____	
J13 Maximum credit allowable. Add line J11 and line J12. Enter here and on Section C, Part J, Column 3 .....	<b>J13</b> ●

**PART K – Alabama Accountability Tax Credit – School Transfer Credit**

K1 Enter total cost of attending nonfailing public school or nonpublic school from Schedule AATC, Line 37. Enter here and on Section C, Part K, Column 3	<b>K1</b> ●
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Name(s) as shown on Form 40 or 40NR  
**AKARSH VARRE**

Your social security number  
**809-51-4735**

**PART L – Alabama Accountability Act Credit - Scholarship Granting Organization (SGO) portion** (Any unused Alabama Accountability Act Credit - Scholarship Granting Organization (SGO) portion may be carried forward for a maximum of 3 years.)

L1 Name of Scholarship Granting Organization: ● \_\_\_\_\_

L2 Address of Scholarship Granting Organization: \_\_\_\_\_

L3 Enter amount contributed for scholarship(s) ..... **L3** ● \_\_\_\_\_

L4 Pro rata share of credit from Schedule K-1 ..... **L4** ● \_\_\_\_\_  
FEIN of entity ● \_\_\_\_\_

L5 Current Year Credit Available. Add L3 and L4. Enter here and on Section C, Part L, Column 2. .... **L5** ● \_\_\_\_\_

L6 Multiply the current tax liability (Section A) by 50% (.50). .... **L6** ● \_\_\_\_\_

L7 Maximum credit allowable for current year contribution ..... **L7** ● **\$50,000**

L8 Current Year Credit Allowable. Enter the lesser of line L5, L6 or L7. Enter here and on Section C, Part L, Column 3 ..... **L8** ● \_\_\_\_\_

L9 **MAXIMUM CREDIT ALLOWABLE FOR PRIOR YEAR CREDIT CARRYFORWARD.** Subtract L8 from L6. Enter here and on line L10a, Column 3 ..... **L9** ● \_\_\_\_\_

L10 Calculation of Allowable Prior Year Credit Carryforward - enter here and on Section D. If Part L, line L9 is equal to zero, do not complete this section.

	Column 1	Column 2	Column 3	Column 4	Column 5
	Credit Year (YYYY)	Credit Carryforward Available	Credit Limitation (Line L10a, Col. 3 equals line L9. Lines L10b, L10c, & L10d, Col. 3 equal Col. 5, prior row)	Maximum Credit Carryforward Available This Year (Lesser of Col. 2 or Col. 3)	Unused Credit Limitation (Col. 3 minus Col. 4)
L10a	●			●	
L10b	●			●	
L10c	●			●	
L10d	Maximum Credit Carryforward Available. Sum of Column 4, line L10a, L10b, and L10c			●	

**PART M – Alabama Adoption Tax Credit**

M1 Enter total number of children adopted from Schedule AAC, Part II, line 1. .... **M1** ● \_\_\_\_\_

M2 Allowable credit per child ..... **M2** ● **\$1,000**

M3 **CREDIT ALLOWABLE.** Multiply line M1 by line M2. Enter here and on Section C, Part M, Column 3 ..... **M3** ● \_\_\_\_\_

**PART N – 2013 Alabama Historic Rehabilitation Tax Credit\*** – For project numbers prior to 2018. (Any unused 2013 Alabama Historic Rehabilitation Tax Credit may be carried forward for a maximum of 10 years.)

N1 Amount of tax credit certificate for any project placed in service this year

	Project Number	Date Placed In Service	Credit Amount
N1a	●	●	●
N1b	●	●	●
N1c	●	●	●

N2 Total Credit - Add lines N1a, N1b and N1c. .... **N2** ● \_\_\_\_\_

N3 Pro rata share of credit from Schedule K-1 ..... **N3** ● \_\_\_\_\_  
FEIN of entity ● \_\_\_\_\_

N4 **CREDIT ALLOWABLE.** Add line N2 and line N3. Enter here and on Section C, Part N, Column 3. .... **N4** ● \_\_\_\_\_

**PART O – Career – Technical Dual Enrollment Credit** (Any unused Career – Technical Dual Enrollment Credit may be carried forward for a maximum of 3 years.)

O1 Amount Contributed this year (Department of Post-Secondary Education Tax Credit Certificate) ..... **O1** ● \_\_\_\_\_

O2 Amount of Current Credit – Multiply line O1 by .50 ..... **O2** ● \_\_\_\_\_

O3 Pro rata share of credit from Schedule K-1 ..... **O3** ● \_\_\_\_\_  
FEIN of entity ● \_\_\_\_\_

O4 Current Year Credit Available. Add Lines O2 and O3. Enter here and on Section C, Part O, Column 2. .... **O4** ● \_\_\_\_\_

O5 Multiply the current tax liability (Section A) by 50% (.50). .... **O5** ● \_\_\_\_\_

O6 Maximum Credit ..... **O6** ● **\$500,000**

O7 Current Year Credit Allowable. Enter the Lesser of O4, O5 or O6. Enter here and on Section C, Part O, Column 3 ..... **O7** ● \_\_\_\_\_

O8 **MAXIMUM CREDIT ALLOWABLE FOR PRIOR YEAR CREDIT CARRYFORWARD.** Subtract line O7 from line O5. Enter here and on line O9a, Column 3 ..... **O8** ● \_\_\_\_\_

O9 Calculation of Allowable Prior Year Credit Carryforward - enter here and on Section D. If Part O, line O8 is equal to zero, do not complete this section.

	Column 1	Column 2	Column 3	Column 4	Column 5
	Credit Year (YYYY)	Credit Carryforward Available	Credit Limitation (Line O9a, Col. 3 equals line O8. Lines O9b - O9c, Col. 3 equal Col. 5, prior row)	Maximum Credit Carryforward Available This Year (Lesser of Col. 2 or Col. 3)	Unused Credit Limitation (Col. 3 minus Col. 4)
O9a	●			●	
O9b	●			●	
O9c	●			●	
O9d	Maximum Credit Carryforward Available. Sum of Column 4, line O9a, O9b, and O9c			●	



Name(s) as shown on Form 40 or 40NR AKARSH VARRE Your social security number 809-51-4735

**PART P – Investment Credit – Alabama Jobs Act** (Any unused Investment Credits – Alabama Jobs Act may be carried forward for a maximum of 5 years.)

Project Number ● \_\_\_\_\_

P1 Current Year's Investment Credit amount allocated to income tax ..... 

P1	●
P2	●

P2 Current Year's Allocated share of credit from Schedule K-1 ..... 

P2	●
----	---

FEIN of entity ● \_\_\_\_\_

P3 CREDIT ALLOWABLE. Add line P1 and line P2. Enter here and on Section C, Part P, Column 3 ..... 

P3	●
----	---

**PART Q – Port Credit – Alabama Renewal Act Credit** (Unused Port Credit may be carried forward for a maximum of 5 years.)

In order to receive credit, please attach a copy of your Certification of Port Credit from the Alabama Department of Commerce.

Company Name \_\_\_\_\_

FEIN or SSN of Qualified Project \_\_\_\_\_

Q1 Port Credit amount certified ..... 

Q1	●
Q2	●

Q2 Pro rata share of credit from Schedule K-1 ..... 

Q2	●
----	---

FEIN of entity ● \_\_\_\_\_ (If credit from more than one entity, attach schedule.)

Q3 CREDIT ALLOWABLE. Add line Q1 and line Q2. Enter here and on Section C, Part Q, Column 3 ..... 

Q3	●
----	---

**PART R – Alabama Renewal Act – Growing Alabama Credit** (Any unused Growing Alabama Credit may be carried forward for a maximum of 5 years.)

Name of Economic Development Organization ● \_\_\_\_\_

R1 Amount(s) approved for contribution ..... 

R1	●
R2	●
R3	●

R2 Pro rata share of credit from Schedule K-1 ..... 

R2	●
----	---

FEIN of entity ● \_\_\_\_\_ (if credit from more than one entity attach schedule.)

R3 Current Year Credit Available. Add line R1 and line R2. Enter here and on Section C, Part R, Column 2 ..... 

R3	●
----	---

R4 Multiply the current tax liability (Section A) by 50% ..... 

R4	●
----	---

R5 Current Year Credit Allowable. Enter the lesser of line R3 and line R4. Enter here and on Section C, Part R, Column 3 ..... 

R5	●
----	---

R6 MAXIMUM CREDIT ALLOWABLE FOR PRIOR YEAR CREDIT CARRYFORWARD. Subtract line R5 from line R4. Enter here and on line R7a, Column 3 ..... 

R6	●
----	---

R7 Calculation of Allowable Prior Year Credit Carryforward - enter here and on Section D. If Part R, line R6 is equal to zero, do not complete this section.

	Column 1	Column 2	Column 3	Column 4	Column 5
	Credit Year (YYYY)	Credit Carryforward Available	Credit Limitation (Line R7a, Col. 3 equals line R6. Lines R7b - R7e, Col.3 equal Co. 5, prior row)	Maximum Credit Carryforward Available This Year (Lesser of Col. 2 or Col. 3)	Unused Credit Limitation (Col. 3 minus Col. 4)
R7a	●			●	
R7b	●			●	
R7c	●			●	
R7d	●			●	
R7e	Maximum Credit Carryforward Available. Sum of Column 4, line R7a, R7b, R7c and R7d. ....			●	

**PART S – Apprenticeship Tax Credit\***

If business entity is a sole proprietor, a copy of the Alabama Apprenticeship Tax Credit Certificate must be attached to this return, otherwise, no credit will be allowed. If business is a Subchapter S or K, skip Part I and indicate your pro-rata share of credit on Part II, line S2.

**Part I**

Apprenticeship Employer Name ● \_\_\_\_\_

Apprenticeship Employer FEIN or SSN ● \_\_\_\_\_

**Part II**

S1 Credit from Alabama Apprenticeship Tax Credit Certificate ..... 

S1	●
S2	●

S2 Pro rata share of credit from Schedule K-1 if applicable ..... 

S2	●
----	---

FEIN of entity ● \_\_\_\_\_ (If credit from more than one entity, attach schedule.)

S3 CREDIT ALLOWABLE. Add line S1 and line S2. Enter here and on Section C, Part S, Column 3 ..... 

S3	●
----	---



Name(s) as shown on Form 40 or 40NR <b>AKARSH VARRE</b>	Your social security number <b>809-51-4735</b>
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**PART T – 2017 Alabama Historic Rehabilitation Tax Credit\*** – For project numbers beginning with 2018 and forward.

**T1** Amount of tax credit certificate issued by the Historic Tax Commission or Transfer Credit Certificate issued by the Department of Revenue for any project placed in service this year

	Project Number	Date Placed In Service	Credit Amount
<b>T1a</b> ●	●	●	●
<b>T1b</b> ●	●	●	●
<b>T1c</b> ●	●	●	●

**T2 CREDIT ALLOWABLE.** Add line T1a, T1b and line T1c. Enter here and on Section C, Part T, Column 3 ..... **T2** ●

**PART U – Railroad Modernization Act of 2019\***

**U1** Enter the amount of credit as reported on your Transfer Credit Certificate issued by the Department of Revenue.  
Enter here and on Section C, Part U, Column 3 ..... **U1** ●

**PART V – Income Tax Capital Credit** - You must attach Form KRCC and Schedule KRCC-I to your Alabama return.

**V1** Enter Capital Credit allowable from Schedule KRCC-I, Part III, line 5. Enter here and on Section C, Part V, Column 3 ..... **V1** ●





Name(s) as shown on Form 40 or 40NR <b>AKARSH VARRE</b>	Your social security number <b>809-51-4735</b>
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**SECTION C Current Credit Summary**

Enter the tax liability from page 1, Section A of this form into Column 4 of the first row. In Column 2 and 3, enter applicable Credits if any from Section B of form. Repeat the steps that follow for each row. Subtract the Current Credit Allowable from the Tax Due to be Offset. If the Current Credit Allowable is greater than the Tax Due to be Offset, enter the amount from Column 4 in Column 5. If the Tax Due to be Offset is greater than Column 3, enter the Current Credit Allowable (Column 3) in Column 5 and enter the difference of Column 4 and Column 5 in Column 6 and proceed to the next available credit. For the remaining rows, use the preceding Balance of Tax Due from Column 6 as the Tax Due to be Offset in Column 4.

For the credit carryforward (Column 7) for Parts L, O and R, subtract any Current Credit Applied (Column 5) from the Current Credit Available (Column 2). For all other credit carryforwards, Column 7 equals the difference between Column 3 and Column 5.

Column 1 Type of Credit	Column 2 Current Credit Available	Column 3 Current Credit Allowable	Column 4 Tax Due to be Offset	Column 5 Current Credit Applied	Column 6 Balance of Tax Due (Col. 4 - Col. 5)	Column 7 Credit Carryforward
<b>Part A</b> • Credit for Taxes Paid to Other State	•	191	5,059	191	4,868	
<b>Part B</b> • Alabama Enterprise Zone	•					
<b>Part C</b> • Basic Skills Education Credit	•					
<b>Part D</b> • Rural Physician Credit	•					
<b>Part E</b> • Coal Credit	•					
<b>Part F</b> • Full Employment Act of 2011	•					
<b>Part G</b> • Veterans Employment Act – Employer Credit	•					
<b>Part H</b> • Veterans Employment Act – Business Start-up Expense Credit	•					
<b>Part I</b> • Credit for Taxes paid to Foreign Country	•					
<b>Part J</b> • Qualified Irrigation System/Reservoir System Tax Credit	•					•
<b>Part K</b> • Alabama Accountability Tax Credit – School Transfer Credit	•					
<b>Part L</b> • Alabama Accountability Tax Credit – Scholarship Granting Organization (SGO) portion	•	•	•	•	•	•
<b>Part M</b> • Alabama Adoption Tax Credit	•					
<b>Part N</b> • 2013 Alabama Historic Rehabilitation Tax Credit	•					•
<b>Part O</b> • Career - Technical Dual Enrollment Credit	•	•	•	•	•	•
<b>Part P</b> • Investment Credit – Alabama Jobs Act	•					•
<b>Part Q</b> • Port Credit – Alabama Renewal Act	•					•
<b>Part R</b> • Growing Alabama Credit	•	•	•	•	•	•
<b>Part S</b> • Apprenticeship Tax Credit	•					
<b>Part T</b> • 2017 Alabama Historic Rehabilitation Tax Credit	•					
<b>Part U</b> • Railroad Modernization Act of 2019 Credit	•					
<b>Part V</b> • Income Tax Capital Credit	•					
<b>1. Total Current Credits.</b> Total Section C, Column 5, Part A through V. ....				191		



Name(s) as shown on Form 40 or 40NR <b>AKARSH VARRE</b>	Your social security number <b>809-51-4735</b>
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**SECTION D Credit Carryforward Prior Years**

In Column C list any prior year credit carryforwards for application. In Column E enter the Balance of Tax Due from Section C, Column 6. If no Credits were taken in Section C, enter the tax liability from Section A of this form into the first row of Column E. Repeat the steps that follow for each carryforward: Subtract Column E from Column D. If the Column E is less than or equal to Column D, enter Column E in Column F and compute Column G (Column C – Column F). If the Column E is greater than Column D, enter Column D in Column F. For the remaining rows, use the preceding Column E minus Column F as the Balance of Tax Due in Column E. (See instructions for more details)

\*For the Alabama Accountability Tax Credit – Scholarship Granting Organization (SGO) portion, Career - Technical Dual Enrollment Credit and Growing Alabama Credit carryforward computation, the Allowable Carryforward Credit in Column D is limited to the Maximum Credit Carryforward Available This Year in Column 4 of Section B, Part L, Line L10, Section B, Part O, Line O9 and Section B, Part R, Line R7. All others Column D equals Column C.

	Column A	Column B	Column C	Column D	Column E	Column F	Column G	
	Type of Credit Carryforward	Year Carryforward Generated (YYYY)	Available Carryforward Credit	Allowable Carryforward Credit	Balance of Tax Due	Amount Used this Period	Remaining Unused Carryforward (Col. C - Col. F)	
1.	●	●	●	●	●	●	●	
2.	●	●	●	●	●	●	●	
3.	●	●	●	●	●	●	●	
4.	●	●	●	●	●	●	●	
5.	●	●	●	●	●	●	●	
6.	●	●	●	●	●	●	●	
7.	●	●	●	●	●	●	●	
8.	●	●	●	●	●	●	●	
9.	●	●	●	●	●	●	●	
10.	●	●	●	●	●	●	●	
11.	●	●	●	●	●	●	●	
12.	●	●	●	●	●	●	●	
13.	●	●	●	●	●	●	●	
14.	●	●	●	●	●	●	●	
15.	●	●	●	●	●	●	●	
16.	●	●	●	●	●	●	●	
17.	●	●	●	●	●	●	●	
18.	●	●	●	●	●	●	●	
19.	●	●	●	●	●	●	●	
20.	●	●	●	●	●	●	●	
21.	<b>Total Prior Year Credit Carryforward.</b> Total Section D, Column F, lines 1 through 20 .....						●	

**SECTION E Net Tax Due Computation**

E1 <b>Current Year Tax Liability.</b> Enter amount from Section A of this form .....	E1	●	5,059
E2 <b>Total Current Year Credits Applied.</b> Enter amount from Section C, line 1 .....	E2	●	191
E3 <b>Prior Year Credit Carryforwards applied.</b> Enter amount from Section D, line 21 .....	E3	●	
E4 <b>Total Credits Utilized This Year.</b> Add lines E2 and E3 .....	E4	●	191
E5 <b>Net Tax Due.</b> Subtract E4 from E1. Enter the results here and on Form 40, Page 1, line 18 or Form 40NR, Page 1, line 20 .....	E5	●	4,868

**SECTION F Total Refundable Credits**

F1 <b>Alabama Accountability Tax Credit – School Transfer Credit.</b> Subtract Section C, Part K, Column 5 from Section C, Part K, Column 3 .....	F1	●	
F2 <b>Alabama Adoption Tax Credit.</b> Subtract Section C, Part M, Column 5 from Section C, Part M, Column 3 .....	F2	●	
F3 <b>2017 Alabama Historic Rehabilitation Tax Credit.</b> Subtract Section C, Part T, Column 5 from Section, C, Part T, Column 3 .....	F3	●	
F4 <b>Total Refundable Credits.</b> Add lines F1, F2 and F3. Enter the results here and on Page 1, line 25 of your return (Form 40 or Form 40NR) .....	F4	●	



Alabama Department of Revenue  
**Wages, Salaries, Tips, etc.**

*Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.*

NAME(S) AS SHOWN ON TAX RETURN  
AKARSH VARRE

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.  
809-51-4735

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C Statutory Employee	D Schedule C/C-EZ Filed?	E State Code	F Alabama Employer's State ID Number	G Alabama State Income Tax Withheld	H Federal Wages (Box 1 of Form W-2)	I Alabama State Wages (Box 16 of Form W-2)	J Additional Taxable Wages - Other States	
1	• 809-51-4735	• 462283648	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 009082278	• 5,843	•	• 145,167	•	
2	• 809-51-4735	• 462283648	• <input type="checkbox"/>	• <input type="checkbox"/>	• OS	•	•	• 150,728	•	• 5,561	
3	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
4	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
5	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
6	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
7	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
8	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
9	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
10	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
11	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
12	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
13	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
14	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
15	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
16	<b>TOTAL ALABAMA TAX WITHHELD FROM W-2s.</b> Total lines 1-15, Column G and enter the amount here . . .						• 5,843				
17	<b>ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs.</b> Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements. . . . .						• 0				
18	<b>TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs.</b> See instructions. . . . .						• 5,843	• 150,728	• 145,167	• 5,561	

**THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE**





(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

▶ ATTACH TO FORM 40. ▶ SEE INSTRUCTIONS FOR SCHEDULE E (FORM 40).

Name(s) shown on return AKARSH VARRE	Your social security number 809-51-4735
---	--

**PART I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

<b>1 Show the kind and location of each Rental Real Estate Property:</b> <b>A</b> VACATION / SHORT-TERM NAGOLE HYDERABAD <b>B</b> ..... <b>C</b> .....	<b>2 For each rental real estate property</b> listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days, or • 10% of the total days rented at fair rental value?	<b>Yes</b>	<b>No</b>
	<b>A</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>B</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>C</b>	<input type="checkbox"/>	<input type="checkbox"/>

	Properties			Totals (Add Columns A, B, and C)
	A	B	C	
<b>Income:</b>				
<b>3</b> Rents received	600	00	00	3 600 00
<b>4</b> Royalties received		00	00	4 00 00
<b>Expenses:</b>				
<b>5</b> Advertising		00	00	
<b>6</b> Auto and travel		00	00	
<b>7</b> Cleaning and maintenance	1,500	00	00	
<b>8</b> Commissions		00	00	
<b>9</b> Insurance		00	00	
<b>10</b> Legal and other professional fees		00	00	
<b>11</b> Management fees	1,100	00	00	
<b>12</b> Mortgage interest		00	00	12 00
<b>13</b> Other interest		00	00	
<b>14</b> Repairs	3,210	00	00	
<b>15</b> Supplies	3,000	00	00	
<b>16</b> Taxes		00	00	
<b>17</b> Utilities	4,000	00	00	
<b>18</b> Other (list) ▶		00	00	
		00	00	
		00	00	
		00	00	
		00	00	
<b>19</b> Add lines 5 through 18	12,810	00	00	19 12,810 00
<b>20</b> Depreciation expense or depletion		00	00	20 00 00
<b>21</b> Total expenses. Add lines 19 and 20	12,810	00	00	
<b>22</b> Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	-12,210	00	00	
<b>23</b> Total Real Estate and Royalty income or (loss). Add columns A, B, and C from line 22 and enter the result here				23 -12,210 00

<b>PART II Income from Partnerships, S Corporations, Estates and Trusts</b>	(g) Name and Address	(h) <i>Check One</i>			(i) Employer Identification Number	(j) Amount
		Partnership	Estate or Trust	S Corporation		
	.....				00	
	.....				00	
	.....				00	
	.....				00	
<b>24 TOTAL INCOME FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS.</b> Add the amounts in column (j). Enter the total here and include on line 25 below. ▶					24 00	
<b>25 TOTAL INCOME OR (LOSS).</b> Combine lines 23 and 24. Enter the total here and on Form 40, page 2, Part I, line 6 ▶					25 -12,210 00	

Your first name and initial: **AKARSH** Last name: **VARRE**  
If a joint return, spouse's first name and initial: Last name:

Your social security number: **8 0 9 5 1 4 7 3 5**  
Spouse's soc. sec. no. if joint return:  
Telephone number (optional): **(267) 632-3517**

Home address (number and street). If a P.O. Box, see instructions: **30 GATES MILL ST, NW** Apt. no.: **8210**  
City, town or post office, state, and ZIP code: **HUNTSVILLE AL 35806**

Part I	
1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	1 102,021
2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)	2 4,868
3 Total payments (Form 40, line 27 or Form 40NR, line 26)	3 5,843
4 Refund (Form 40, line 35 or Form 40NR, line 33)	4 975
5 Amount you owe (Form 40, line 30 or Form 40NR, line 29)	5

**Part II**  
Refund and Payment Information

1 Routing number: **0 3 1 0 0 0 5 3**

2 Account number: **8 4 0 6 8 5 6 2 4 3**

3 Type of account:  Checking  Savings

4 Type of transaction:  Direct Deposit  Direct Debit

5  Paper Check (Check this box to have your refund issued by a paper check.)

**Part III**  
Declaration of Taxpayer

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2021 Alabama individual income tax return. To the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return.

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Sign Here

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's signature. If a joint return, BOTH must sign. \_\_\_\_\_ Date \_\_\_\_\_

**Part IV**  
Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2021), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the **Alabama Department of Revenue**, as applicable by law. **If I am also the paid preparer, 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.**

**ERO's Use Only**

ERO's signature: \_\_\_\_\_ Date: **03/18/2022** Check if also paid preparer:  Preparer's PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed) and address: **GLOBAL TAXES LLC**  
**2530 PEBBLE CREEK LN CUMMING GA** E.I. No. **30-1017196**  
ZIP Code **30041**

**Paid Preparer's Use Only**

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.

Preparer's signature: \_\_\_\_\_ Date: **03/18/2022** Check if self-employed:  Preparer's PTIN: **P02082703**

Firm's name (or yours if self-employed) and address: **SIAM PRIYA RAM SAGAR GUPTA TALLAM**  
**2530 PEBBLE CREEK LN CUMMING GA** E.I. No. **30-1017196**  
ZIP Code **30041**

**DO NOT MAIL TO ALABAMA DEPT. OF REVENUE**





Filing Status [X] 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: AKARSH
Last name: VARRE
Your social security number: 809-51-4735
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.
30 GATES MILL ST, NW
Apt. no. 8210
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 [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions (e.g., Wages, salaries, tips, etc.), and amounts. Total taxable income is 125,884.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	24,233.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	24,233.
<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>	24,233.
<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>	24,233.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	27,331.
<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>	27,331.
<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>	27,331.
<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>	3,098.
	<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>	3,098.
Direct deposit? See instructions.	<b>b</b> Routing number 031000053 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 8406856243		
	<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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SR ROBOTICS ENGINEER	
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. (267) 632-3517 Email address AV12@IITBBS.AC.IN

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/18/2022	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	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  
AKARSH VARRE

Your social security number  
809-51-4735

**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>	-12,210.
<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>	-12,210.

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

Schedule 1 (Form 1040) 2021

**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>	



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning ..... **21**  
and ending .....

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

Your first name and middle initial AKARSH		Your last name (for a joint return, enter spouse's name on line below) VARRE		Your date of birth (mmddyyyy) 01281994	Your Social Security number 809514735
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 12) (number and street or PO Box) 30 GATES MILL ST NW				Apartment number 8210	New York State county of residence NR
City, village, or post office HUNTSVILLE		State AL	ZIP code 35806	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 (mmddyyyy) .....

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? Yes  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 (mmddyyyy)

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



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Enter your Social Security number  
809514735

**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	150728 .00	1	5561 .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	216 .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	-12210 .00	11	.00
12	Rental real estate included in line 11 (federal amount) <b>12.</b> -12210 .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	138734 .00	17	5561 .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	138734 .00	19	5561 .00
19a	Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	19a	138734 .00	19a	5561 .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	138734 .00	23	5561 .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	138734 .00	31	5561 .00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 138734 .00

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Name(s) as shown on page 1  
AKARSH VARRE

Enter your Social Security number  
809514735

**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 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	130734.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 27)	000.00
36 <b>New York taxable income</b> (subtract line 35 from line 34)	130734.00

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

37 <b>New York taxable income</b> (from line 36)	130734.00
38 New York State tax on line 37 amount (see page 28)	8076.00
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)	8076.00
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)	8076.00
43 New York State earned income credit (see page 29)	.00

44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	8076.00
--	---------

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

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	324.00
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)	324.00
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)	324.00

**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
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from line 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	324.00

See instructions on pages 29 through 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

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Enter your Social Security number
809514735

59 Enter amount from line 58 ..... 59 324 .00

Payments and refundable credits (see page 32)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 10 and 11). Do not send federal Form W-2 with your return.

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

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

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

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 35 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2022 tax, amount owed, and other penalties and interest.

See page 38 for the proper assembly of your return.

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: [X] Personal checking - or - [ ] Personal savings - or - [ ] Business checking - or - [ ] Business savings
73b Routing number 031000053 73c Account number 8406856243

74 Electronic funds withdrawal (see page 36) ..... Date [ ] Amount [ ] .00

Third-party designee? (see instr.) Yes [ ] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, Email.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, Email.

See instructions for where to mail your return.

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