

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name SRIPHANI VELAGA	Social security number 717-60-2063
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1	60,188.
2 Total tax	2	6,160.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,061.
4 Amount you want refunded to you	4	4,301.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

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

0	2	0	6	3
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status [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: SRIPHANI
Last name: VELAGA
Your social security number: 717-60-2063
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.
5315 N MACARTHUR BLVD
Apt. no.: 3042
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 60,188. Taxable income is 47,338.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	6,160.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,160.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6,160.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	6,160.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,061.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,061.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,400.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	1,400.
33	Add lines 25d, 26, and 32. These are your total payments	33	10,461.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,301.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,301.
Direct deposit? See instructions.	b Routing number 062000080 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 3663400541		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

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

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

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

Phone no. (334) 221-5799 Email address SRIPHANIVELAGA@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/20/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 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
SRIPHANI VELAGA

Your social security number
717-60-2063

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-7,000.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-7,000.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

**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 for instructions and the latest information.

Name(s) shown on return

Your social security number

SRIPHANI VELAGA

717-60-2063

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

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

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	MANSOORABAD HYDERABAD TELANGANA IN 500070				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	2		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		550.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,050.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,000.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,500.		
15	Supplies	15		1,500.		
16	Taxes	16				
17	Utilities.	17		2,500.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		7,550.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-7,000.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(7,000.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		550.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		7,550.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(7,000.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26				-7,000.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

FORM 40NR Alabama 2021 Individual Income Tax Return NONRESIDENTS ONLY



Your social security number 717-60-2063

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

Your first name SRIPHANI Initial Last name VELAGA

Spouse's first name Initial Last name

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

5315 N MACARTHUR BLVD 3042

City, town or post office

IRVING

State ZIP code

TX 75038

Check if address is outside U.S. Foreign Country

CHECK BOX IF AMENDED RETURN

Filing Status/ 1 \$1,500 Single 3 \$1,500 Married filing separate. Complete Spouse SSN

Exemptions 2 \$3,000 Married filing joint 4 \$3,000 Head of Family (with qualifying person). Complete Schedule HOF.

	A - Alabama Tax Withheld		B - All Sources		C - Alabama Income	
	5	6	7	8	9	10
5 Wages, salaries, tips, etc. (From Schedule W-2, line 18, columns G, H, and I.) (Include spouse's income if married filing joint.)	1,669		67,188		41,448	
6 Other income (from page 2, Part I, line 9)			0		0	
7 Total income. Add amounts in col. B then add amounts in col. C, lines 5 and 6			67,188		41,448	
8 Adjustments to income (from page 2, Part II, line 8)						
9 Adjusted total income. Subtract line 8 from line 7			67,188		41,448	
10 Alabama percentage of adjusted total income. Divide line 9, col. C, by line 9, col. B (not over 100%)						61.69%
11 Other Adjustments (from page 2, Part III, line 4 and line 6)						
12 Adjusted Gross Income. Subtract line 11 from line 9			67,188		41,448	

Deductions	Box a or b MUST be checked	
	13	14
13 Check appropriate box. If you itemize, enter amount from Schedule A, line 30. a <input type="checkbox"/> Itemized Deductions b <input checked="" type="checkbox"/> Standard Deduction	1,234	
14 Federal Income Tax deduction (from page 2, Part IV, line 7)	3,800	
15 Personal exemption (multiply line 1, 2, 3, or 4 by percentage on line 10)	925	
16 Dependent exemption (from page 2, Part V, line 4)		
17 Total deductions. Add lines 13, 14, 15, and 16		5,959

18 Taxable income. Subtract line 17 from line 12, column C	18	35,489
19 Tax due. Enter amount from tax table or check if from Form NOL-85A	19	1,733
20 Net tax due Alabama. Check box if computing tax using Schedule OC, otherwise enter amount from line 19	20	1,733

Payments	21		22		23		24		25	
	21 Alabama Income Tax withheld (from column A, line 5)	21	1,669	22		23		24		25
22 2021 estimated tax payments/Automatic Extension Payment										
23 Composite tax payments/Electing PTE credit (from Schedule CP, Section B, line 1)										
24 Amended Returns Only - Previous payments (see instructions)										
25 Refundable Credits. Enter the amount from the Schedule OC, Section F, line F4										
26 Total payments. Add lines 21 through 25	26	1,669								
27 Amended Returns Only - Previous refund (see instructions)	27									
28 Adjusted total payments. Subtract line 27 from line 26	28	1,669								

29 If line 20 is larger than line 28, subtract line 28 from line 20, and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	29	64
30 Estimated tax penalty. Also include on line 29 (see instructions)	30	

31 If line 28 is larger than line 20, subtract line 20 from line 28 and enter amount OVERPAID	31	
32 Amount of line 31 to be applied to your 2022 estimated tax	32	
33 REFUNDED TO YOU. Subtract line 32 from line 31	33	

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
 Your Signature _____ Date _____ Daytime Telephone Number (334) 221-5799 Your Occupation SOFTWARE ENGINEER
 Spouse's Signature (if joint return, BOTH must sign) _____ Date _____ Daytime Telephone Number _____ Spouse's Occupation _____
 Preparer's Signature _____ Date 03/20/2022 Check if Self-employed Preparer's SSN or PTIN P02082703 E.I. Number 30-1017196

Paid Preparer's Use Only
 Firms Name (or yours if self employed) GLOBAL TAXES LLC Daytime Telephone No. (678) 965-9522 ZIP Code 30041
 Address 2530 PEBBLE CREEK LN

MAIL FORM 40NR TO: SEE INSTRUCTIONS



		B – All Sources	C – Alabama Income
PART I Other Income (See instructions)	1 Interest and dividend income (attach Schedule B if over \$1500.00)	1 ●	1 ●
	2 Alimony received	2 ●	
	3 Taxable portion of pensions and annuities (see instructions)	3 ●	
	4 Business income or (loss) (attach Federal Schedule C) (see instructions)	4 ●	4 ●
	5 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	5 ●	5 ●
	6 Rents, Royalties, Partnerships, Estates, Trusts, etc. (attach Schedule E)	6 ●	6 ●
	7 Farm income or (loss) (attach Federal Schedule F) (see instructions)	7 ●	7 ●
	8 Other income (state nature and source) _____	8 ●	8 ●
	9 Total other income. Add lines 1-8, column B, and lines 1, 4-8, column C. Enter here and also on page 1, line 6	9 ●	9 ●
PART II Adjustments to Income (See instructions)	1 IRA deduction, Keogh retirement plan, and self-employed SEP deduction	1 ●	1 ●
	2 Penalty on early withdrawal of savings	2 ●	
	3 Moving Expenses (Attach Federal Form 3903) Place of new employment: _____	3 ●	3 ●
	4 Self-employed health insurance deduction	4 ●	4 ●
	5 Payments to Alabama College Counts 529 Fund or Alabama PACT program	5 ●	5 ●
	6 Firefighter's Insurance Premiums	6 ●	6 ●
	7 Contributions to an Achieving a Better Life Experience (ABLE) savings account	7 ●	7 ●
	8 Adjustments to income. Add lines 1-7, Column B, and lines 1, 3 through 7, Column C. Enter here and also on page 1, line 8, columns B and C	8 ●	8 ●
PART III Other Adjustments (See instructions)	1 Alimony Paid	1 ●	
	2 Adoption Expenses	2 ●	
	3 Health insurance deduction for small employer employee	3 ●	
	4 Add lines 1 through 3, enter here and on page 1, line 11, column B	4 ●	
	5 Enter percentage from page 1, line 10	5 ●	61.69%
	6 Multiply line 4 by line 5. Enter here and also page 1, line 11, column C	6 ●	
PART IV Federal Income Tax Deduction (See instructions)	If you are filing separately on your Alabama return and jointly on your Federal return, complete all lines below. Otherwise, omit lines 1 through 3.	B – Federal Adjusted Gross Income	
	1 Your joint federal adjusted gross income	1 ●	
	2 Your federal adjusted gross income	2 ●	
	3 Divide line 2 by line 1. Enter percentage here		3 ●
	4 Enter Federal Income Tax Liability from worksheet (see instructions)		4 ●
	5 If you completed lines 1 through 3 above, multiply line 4 by the percentage from line 3		5 ●
	6 Enter percentage from page 1, line 10		6 ●
7 If you completed lines 1-3 above, multiply line 5 by percentage on line 6. Otherwise, multiply line 4 by percentage on line 6		7 ●	
PART V Dependents	1 Total number of dependents from Schedule DS, line 1b		1 ●
	2 Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions		2 ●
	3 Enter percentage from page 1, line 10 of your return		3 ●
	4 Dependent exemption allowable. Multiply the amount on line 2 by the percentage on line 3. Enter here and on page 1, line 16		4 ●
PART VI General Information	1 Name of state of which you were a legal resident in 2021 <u>TX</u>		
	2 Did you file a return with that state for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____		
	3 If married, did your spouse receive a separate income for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is your spouse filing a separate Alabama return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name here. _____		
	4 Did you file an Alabama return for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____		
All Taxpayers Must Complete This Section (See instructions)	5 Give name and address of your present employer(s). Yours: <u>EFICENS SYSTEMS LLC VERIDIC HOLDINGS LLC 5400 LAUREL SPRINGS PKWY SUWANEE GA 30024</u> Your Spouse's: _____		
	6 Enter the Adjusted Gross Income reported on your 2021 Federal Individual Income Tax Return.	6 ●	60,188

Drivers License Info	DOB (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>	Your state Spouse state	● <u>XX</u> DL# ● <u>XXXXXXXX</u>	Iss date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>	Exp date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>
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SCHEDULES
A, B, D, & E
(FORM 40NR)



(Schedules B, D, and E are on back)
ATTACH TO FORM 40NR — SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40NR	Your social security number
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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.

<i>CAUTION: Do not include expenses reimbursed or paid by others.</i>						
Medical and Dental Expenses	1 Medical and dental expenses.....	1		00		
	2 Enter amount from Form 40NR, line 12, col. B	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	
Taxes You Paid	5 Real estate taxes.	5		00		
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.	6		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 ● 00	
Interest You Paid	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		
<i>NOTE: Personal interest is not deductible.</i>	13 Investment interest. (Attach Form 4952A).	13		00		
	14 Add the amounts on lines 10a through 13. Enter the total here.				14 ● 00	
Gifts to Charity	<i>CAUTION: If you made a charitable contribution and received a benefit in return, see instructions.</i>					
	15 Contributions by cash or check.	15		00		
	16 Other than cash or check. (You MUST 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 ● 00	
Qualified Long-Term Care	<i>CAUTION: Do not include medical insurance premiums.</i>					
	19 Enter Amount				19 ● 00	
Miscellaneous Deductions	20 List type and amount. (See instructions.) ► _____					
					20 ● 00	
Proration of Above Amounts	21 Total itemized deductions to be prorated. (Add lines 4, 9, 14, 18, 19, and 20.)	21		00		
	22 Enter percentage (%) from Form 40NR, page 1, line 10.	22		%		
	23 Multiply line 21 by the percentage on line 22.	23			00	
Alabama Casualty and Theft Losses	24a Enter the loss from Federal Form 4684, either A <input type="checkbox"/> line 15, or B <input type="checkbox"/> line 16, attach copy.	24a		00		
	b Enter 10% of your Adjusted Gross Income. (Form 40NR, line 12, column C) if box B checked, otherwise enter zero	24b		00		
	c Subtract line 24b from line 24a. If zero or less, enter -0-				24c ● 00	
Alabama Job Related Expenses	25 Unreimbursed employee expenses — job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required. See instructions.) ► _____	25		00		
	26 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ► _____	26		00		
	<i>You may <u>ONLY</u> deduct expenses associated with your Alabama income.</i>	27 Add the amounts on lines 25 and 26. Enter the total here.	27		00	
	28 Multiply the amount on Form 40NR, line 12, column C by 2% (.02). Enter the result here.	28		00		
	29 Subtract line 28 from line 27. Enter the result. If zero or less, enter -0-				29 ● 00	
Total Itemized Deductions	30 Add the amounts on lines 23, 24c, and 29. Enter the total here. Then enter on Form 40NR, page 1, line 13 and check 13a, Itemized Deductions.	30			● 00	



Name(s) as shown on Form 40NR (Do not enter name and social security number if shown on other side)
SRIPHANI VELAGA

Your social security number
717-60-2063

SCHEDULE B – Interest and Dividend Income

1	Total Income from Interest and Dividends before any exclusions	1		00	B Adjusted Gross Income from All Sources	C Adjusted Gross Income Earned in Alabama
2	List all interest received from obligations of the Federal Government, State of Alabama, and political subdivisions of Alabama.					
a	_____	2a		00		
b	_____	2b		00		
c	_____	2c		00		
d	_____	2d		00		
3	Total. Add amounts on lines 2a, b, c, and d.	3		00		
4	TOTAL TAXABLE INCOME FROM INTEREST AND DIVIDENDS. Subtract line 3 from line 1. Enter here and also on Form 40NR, page 2, Part I, line 1, column B and C.	4		00		00

SCHEDULE D – Profit From Sale of Real Estate, Stocks, Bonds, etc.

1	Enter total gain or (loss), before any Federal exclusion, from the sale of all assets which is not taxable to the State of Alabama.	1		00	B	C					
2	Itemize all other transactions which are taxable to Alabama in columns a through f below.										
a	Kind of Property & Location	b	Date Acquired	c	Amount Received	d	Depreciation Allowable Since Acquisition	e	Cost or Other Basis	f	Subsequent Improvements
3	Totals.										
4	Net profit or (loss) (total of columns c and d less total of columns e and f).	4		00		00					
5	TOTAL GAIN OR (LOSS) FROM SALE OF REAL ESTATE, STOCKS, BONDS, ETC. Add the amounts on lines 1 and 4. Enter here and on Form 40NR, page 2, Part I, line 5, columns B and C.	5		00		00					

SCHEDULE E – Income From Rents, Royalties, Partnerships, Estates, Trusts, and S Corporations

PART I – Rent and Royalty Income or (Loss)

1	Enter total income or (loss) from all rents and royalties which is not taxable to Alabama.	1		00	B	C			
2	Itemize below all rent and royalty income which is taxable to Alabama.								
a	Kind of Property & Location	b	Amount of Rent or Royalty	c	Depreciation or Depletion (attach schedule)	d	Repairs (attach itemized list)	e	Other Expenses (attach itemized list)
3	Totals (columns 2b through 2e).								
4	Net profit or (loss) (column b less sum of columns 2c through 2e).	4		0	00	0	00		
5	TOTAL INCOME FROM RENTS AND ROYALTIES. Add the amounts on lines 1 and 4. Enter the totals here and include in line 8 below.	5		0	00	0	00		

PART II – Income or (Loss) from Partnerships, S Corporations, Estates, or Trusts

6	List income received from partnerships, estates, trusts, and S corporations in 2021. Income from these sources not taxable to Alabama should be listed in column B only. This type income earned from Alabama sources should be listed in both columns B and C.					
	Name and Address	Check One Partnership Estate or Trust S Corporation			Employer Identification Number	
6a	_____					00
6b	_____					00
6c	_____					00
7	TOTAL INCOME OR (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS. Add the amounts on lines 6a, b, and c. Enter the totals here and include in line 8 below.	7		00		00

PART III – Summary

8	TOTAL INCOME OR (LOSS). Combine the amounts on lines 5 and 7, columns B and C. Enter here and on Form 40NR, page 2, Part I, line 6, columns B and C.	8		0	00	0	00
---	--	---	--	---	----	---	----



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
SRIPHANI VELAGA

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.
717-60-2063

A	B	C	D	E	F	G	H	I	J	
Employee's Social Security Number	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/C-EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages - Other States	
1 • 717-60-2063	• 843443670	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 010712061	• 1,669	• 67,188	• 41,448	•	
2 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
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	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here . .					• 1,669				
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. 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	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions.					• 1,669	• 67,188	• 41,448	•	

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

Your first name and initial SRIPHANI Last name VELAGA

Home address (number and street). If a P.O. Box, see instructions. 5315 N MACARTHUR BLVD Apt. no. 3042

City, town or post office, state, and ZIP code IRVING TX 75038

Your social security number 7 1 7 : 6 0 : 2 0 6 3 Spouse's soc. sec. no. if joint return Telephone number (optional) (334) 221-5799

Table with 5 rows and 3 columns: Line number, Description, Amount. Includes Alabama taxable income, total tax liability, total payments, refund, and amount owed.

Part II Refund and Payment Information. Includes routing number, account number, type of account (Checking/Savings), type of transaction (Direct Deposit/Debit), and Paper Check option.

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.

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.

ERO's Use Only. Includes fields for ERO's signature, Date (03/20/2022), Check if also paid preparer, Preparer's PTIN, Firm's name (GLOBAL TAXES LLC), and address (2530 PEBBLE CREEK LN CUMMING GA).

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. Includes fields for Preparer's signature, Date (03/20/2022), Check if self-employed, Preparer's PTIN (P02082703), Firm's name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), and address (2530 PEBBLE CREEK LN CUMMING GA).

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

ALABAMA DEPARTMENT OF REVENUE
INCOME TAX ADMINISTRATION DIVISION
Individual Income Tax Payment Voucher

NOTE: This payment voucher can only be used to pay the tax liability for your Alabama individual income tax return, automatic extension, or amended tax return and **cannot** be used for any other kind of tax payment.

When is my tax return and payment due?

Your 2021 return and payment for the full amount of tax due must be mailed by the due date of your federal return. If you elected to file your 2021 return under the automatic extension rule, then the full amount of tax due must be mailed by the due date of your federal return. If you owe and your payment is mailed after the due date of your federal return, you will owe penalties and interest for failure to timely pay. If you are filing a return other than the current tax year or an amended return, the full amount of tax due must be submitted with your return.

How do I pay this amount?

Detach the payment voucher below, fill it out, and mail it along with your payment. You may pay your tax due with check, money order, credit card, E-Check, or ACH Debit. Do not send cash through the mail. If you pay by check or money order, make it payable to **Alabama Department of Revenue** and write your social security number on the check.

How do I pay by credit card?

You may choose to use your Discover/Novus, Visa, Master Card, or American Express card by using either of the following companies: You can pay by calling Official Payments Corporation at **1-800-272-9829** or visit www.officialpayments.com. Enter jurisdiction code 1100.

You can also pay by visiting Value Payment Systems at www.paystatetax.com/al.

There is a convenience fee for this service which is paid directly to the company that you choose to use. The amount of the convenience fee is based on the amount of your payment. Do not use Form 40V when paying by credit card.

How do I pay by ACH Debit? (E-check)

You may pay by ACH Debit by going to www.myalabamataxes.alabama.gov. Do not use Form 40V when paying by ACH Debit. You will need to have your bank routing number and checking account number to use this service. No fee is charged for this service.

If mailing a payment without a paper return, please use the PO Box as shown below. If mailing Form 40V with your paper return, please use the mailing address as shown on your return.

Form 40

Alabama Income Tax
P.O. Box 327467
Montgomery, AL 36132-7467

Form 40NR

Alabama Income Tax
P.O. Box 327467
Montgomery, AL 36132-7467

Form 40A

Alabama Income Tax
P.O. Box 327467
Montgomery, AL 36132-7467

**Form E40 / E40NR / 40EZ /
Automatic Extension**

Alabama Department of Revenue
P.O. Box 327467
Montgomery, AL 36132-7467

DO NOT **staple** or attach your payment or **Form 40V** to your return or to each other.

DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT

40V 2021

1555-1
VENDOR CODE

Alabama Department of Revenue
Individual Income Tax Payment Voucher

PRIMARY TAXPAYER'S FIRST NAME SRIPHANI SPOUSE'S FIRST NAME _____ LAST NAME VELAGA
MAILING ADDRESS 5315 N MACARTHUR BLVD 3042

CITY IRVING STATE TX ZIP 75038 DAYTIME TELEPHONE NUMBER (334) 221-5799

Tax Type: III

Tax Period: 12-31-20 21

Primary Taxpayer's SSN: 717-60-2063

Spouse's SSN:

Tax Form: Return • Amended
CHECK ONLY ONE BOX Automatic Extension Payment

Amount Due: \$ 64.00



DO NOT SUBMIT FORM 40V IF PAYMENT WAS MADE BY E-CHECK, CREDIT CARD, OR ACH DEBIT.

Income Worksheet

2021

Name as Shown on Return <u>SRIPHANI VELAGA</u>	Social Security Number <u>717-60-2063</u>
---	--

Wages, Salaries, Tips, Etc for Line 5 of Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
 Check this box to exclude income from your Alabama return.

Check this box if you are excluding income and plan to attempt to electronically file your return.

NOTE: Part-year residents may use this worksheet to remove non Alabama source income. Resident and Non-Resident returns may be rejected during electronic filing if you exclude income by marking boxes in the # column.

Payer's name	#	State name	Gross earnings	Alabama wages	Alabama tax withheld
<u>EFICENS SYSTEMS LLC</u>	<input type="checkbox"/>	<u>AL</u>	<u>41,448.</u>	<u>41,448.</u>	<u>1,669.</u>
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total			<u>41,448.</u>	<u>41,448.</u>	<u>1,669.</u>

Other Income for Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
 Check this box to exclude income from your Alabama return.

Description	#	Total amount	Alabama amount
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Total			

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: SRIPHANI
Last name: VELAGA
Your social security number: 717-60-2063
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.
5315 N MACARTHUR BLVD
Apt. no.: 3042
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 60,188. Taxable income is 47,338.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	6,160.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,160.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6,160.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	6,160.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,061.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,061.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,400.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	1,400.
33	Add lines 25d, 26, and 32. These are your total payments	33	10,461.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,301.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,301.
Direct deposit? See instructions.	b Routing number 062000080 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 3663400541		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

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

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

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

Phone no. (334) 221-5799 Email address SRIPHANIVELAGA@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/20/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 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
SRIPHANI VELAGA

Your social security number
717-60-2063

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-7,000.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-7,000.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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