## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submi	ission Identification Number (SID)				
Taxpaye	er's name	Social secu	rity numl	oer	
GAY	ATHRI IDAMAKANTI RANGA	488-33	3-914	8	
Spouse	's name	Spouse's so	cial sec	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Ente	r vear vou	are all	thorizina	1
	whole dollars only on lines 1 through 5.	i yeai you	ai e au	uionzing	.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	44	,089.
2	Total tax		2		,548.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	6	,038.
4	Amount you want refunded to you		4		,890.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a co	py of y	our retu	ırn)
my know return (to send for any Agent to paymer authoric paymer business taxes to person	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aborover (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmut my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reduction in the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into the financial institution account into the financial in the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation receive confidential information necessary to answer inquiries and resolve issues related to the alidentification number (PIN) below is my signature for the income tax return (original or amended) I and Financial Withdrawal Consent.	ve are the an nitter, or elect jection of the J.S. Treasury dicated in the ion to debit the the authorize the processing opayment. I further than the processing opayment.	ronic re- transmin and its of tax prepule entry zation. To be receipt the elerther acceipt	from the inturn original ssion, (b) the designated paration so to this according to revoke wed no late the designation packnowledge.	come tax ator (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the
	ayer's PIN: check one box only				
X		my DINI	3 9 2	1 4 8	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	· E		digits, but er all zeros	as IIIy
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.				
Your s	signature ▶ Date ▶				
Spour	se's PIN: check one box only				
Spous	I authorize to enter or generate	my DINI			00 mv
	ERO firm name		nter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodow.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	V			
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>S EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 Don't en	8 6	1 9 8	9
		2011 ( 01)	311 20		
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income of the text of the for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of	mitting this re	turn in a	accordance	
ERO's	s signature ► Date ►				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

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

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nation is a child but not your dependent	ame of	ed filing separately ( your spouse. If you	,	_		,	<i>,</i> —		, ,	. , . ,
Your first name	and m	iddle initial	Last na	me					Yo	ur soc	ial securif	ty number
GAYATHR:	I		IDAM	MAKANTI RANG	A				48	88-3	33-914	8
If joint return, s	pouse's	s first name and middle initial	Last na	me					Sp	ouse's	social sec	curity number
	•	er and street). If you have a P.O. box, see S WAY, UNIT 713	instructi	ons.				Apt. no.	- 1		ntial Election	on Campaign or your
		ce. If you have a foreign address, also co	mplete s	paces below.	Stat	e	ZIP	code				ntly, want \$3 Checking a
ESTERO					FI	ı	33	3928		0	w will not	0
Foreign country	y name			Foreign province/state	/count	у	Fore	eign postal co		7		
At any time du	ıring 20	021, did you receive, sell, exchange,	or othe	rwise dispose of ar	y fina	ncial intere	st in an	y virtual cu	rrency	?	Yes	⊠ No
Standard Deduction	_	eone can claim:				a depender	nt					
Age/Blindness	s You:	Were born before January 2, 19	957	Are blind Sp	ouse:	Was	born be	efore Janua	ry 2, 19	957	☐ Is bl	lind
Dependent	,	instructions):		(2) Social securit	Зу	(3) Relatio		(4) ✓ Child ta			(see instru	ictions): her dependents
If more than four	(1)	Last name		,			Cilila ta			Jedit ioi oti		
dependents,									┪			
see instruction and check	s ——								_			
here ▶ □												
	· 1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2	<del></del>				<del>-</del>	1	T .	<u> </u>
Attach	2a	Tax-exempt interest	2a 🗎		<b>b</b> Ta	axable inte	rest			2b		
Sch. B if	За	Qualified dividends	За		<b>b</b> 0	rdinary divi	dends			3b		
required.	4a	IRA distributions	<del>l</del> a		<b>b</b> Ta	axable amo	ount .			4b		
	5a	Pensions and annuities	5a		<b>b</b> Ta	axable amo	ount .			5b		
Standard	6a	Social security benefits	ба		<b>b</b> Ta	axable amo	ount .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sched	dule D i	f required. If not red	uired,	check here	е.	•	-	7		
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, line	e 10							8	1	-4,000.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your <b>total inc</b>	ome					9	1	44,089.
<ul> <li>Married filing</li> </ul>	10	Adjustments to income from Sched	dule 1, l	ine 26						10		
jointly or Qualifying	11_	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross inco	me					11	1	44,089.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from Schedule	e A)		12a	12,5	550.			
• Head of	b	Charitable contributions if you take	the star	ndard deduction (see	e instru	uctions)	12b	3	300.			
household, \$18,800	С	Add lines 12a and 12b								12c	:	12,850.
If you checked	13	Qualified business income deduction	on from	Form 8995 or Forr	n 899	5-A				13		
any box under Standard	14	Add lines 12c and 13								14		12 <b>,</b> 850.
Deduction, see instructions.	15	<b>Taxable income.</b> Subtract line 14	from lin	e 11. If zero or less	, entei	-0				15		31,239.

	16	Tax (see instructions). Check if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	3,548.
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	3,548.
	19	Nonrefundable child tax credit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, line 8					20	2,000.
	21	Add lines 19 and 20					21	2,000.
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	1,548.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax				▶	24	1,548.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	6,038.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	6,038.
	26	2021 estimated tax payments and amount a	pplied from 20	20 return			26	·
If you have a — L qualifying child,	27a	Earned income credit (EIC)		No	27a			
attach Sch. EIC.		Check here if you were born after Janua	ary 1, 1998,	and before				
		January 2, 2004, and you satisfy all the						
		taxpayers who are at least age 18, to claim t	1 1	structions ►				
	b	Nontaxable combat pay election						
	С	Prior year (2019) earned income		0 1 1 1 0010				
	28	Refundable child tax credit or additional child			28		-	
	29	American opportunity credit from Form 8863	-		29		-	
	30	Recovery rebate credit. See instructions .				1,400.	-	
	31	Amount from Schedule 3, line 15			31			1 100
	32	Add lines 27a and 28 through 31. These are					32	1,400.
	33	Add lines 25d, 26, and 32. These are your to					33	7,438.
Refund	34	If line 33 is more than line 24, subtract line 24			•		34	5,890.
Di	35a	Amount of line 34 you want <b>refunded to you</b>					35a	5,890.
Direct deposit? See instructions.	►b	Routing number 0 6 3 1 0 0 2  Account number 8 9 8 0 8 1 0		▶ c Type: 🔀	Checking [	Savings		
	► d 36	Amount of line 34 you want <b>applied to your</b>			36			
A		Amount you owe. Subtract line 33 from line				. •	07	
Amount You Owe	37 38	Estimated tax penalty (see instructions) .			38		37	
Third Party Designee		you want to allow another person to disc tructions		n with the IRS?		Complete b	elow	<b>⋉</b> No
Designee		signee's	Phone			sonal identif		
		ne ►	no. ►			nber (PIN)		
Sign		der penalties of perjury, I declare that I have examine						
Here		ief, they are true, correct, and complete. Declaration of			ised on all informat	1		,
	You	ur signature	Date	Your occupation				nt you an Identity N, enter it here
Joint return?				   SOFTWARE E	NGINEER	I	inst.) ▶	IV, enter it fiere
See instructions.	Spo	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupati		If the	IRS ser	nt your spouse an
Keep a copy for your records.								ection PIN, enter it here
your records.						(see	inst.) ▶	
	-	one no. (530) 364-8105	Email address	IRGAYATHRI1	1			
Paid		parer's name Preparer's signat		_	Date	PTIN	_	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/12/2022	P02082		Self-employed
Use Only		m's name ► GLOBAL TAXES LLC						678) 965-9522
	Firr	m's address ▶ 2530 Pebble Creek L	n Cumming	g GA 30041		Firm'	's EIN ▶	
Go to www.irs.go	ov/Form	a1040 for instructions and the latest information.		BAA	REV 02/05/22 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

Page 2

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

GAYATHRI IDAMAKANTI RANGA

Your social security number 488-33-9148

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxe	S	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	<b>-</b>		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E		5	-4,000.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	0-		
•	Total atheresis ages Add lines On the sound On	8z		
9 10	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1	040, 1040-3N, 01	40	

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

Par	Adjustments to Income			
11	Educator expenses		 11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		 13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	 14	
15	Deductible part of self-employment tax. Attach Schedule SE		 15	
16	Self-employed SEP, SIMPLE, and qualified plans $\ .\ .\ .\ .\ .$		 16	
17	Self-employed health insurance deduction		 17	
18	Penalty on early withdrawal of savings		 18	
19a	Alimony paid		 19a	
b	Recipient's SSN	<b></b>		
С	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:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	` '	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	<b>24</b> j		
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 <b>adjustments</b> there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line		26	

#### **SCHEDULE 3** (Form 1040)

Department of the Treasury

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

### **Additional Credits and Payments**

OMB No. 1545-0074 Attachment

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

Sequence No. 03

Your social security number

IDAMAKANTI RANGA 488-33-9148 Part I **Nonrefundable Credits** 1 Foreign tax credit. Attach Form 1116 if required 1 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 2 3 3 2,000. 4 4 5 Residential energy credits. Attach Form 5695 5 Other nonrefundable credits: 6 a General business credit. Attach Form 3800 6a Credit for prior year minimum tax. Attach Form 8801 . . . . 6b c Adoption credit. Attach Form 8839 . . . . . . . . . . . . . . . 6c **d** Credit for the elderly or disabled. Attach Schedule R . . . . . 6d Alternative motor vehicle credit. Attach Form 8910 . . . . . 6e Qualified plug-in motor vehicle credit. Attach Form 8936 . . . 6f f Mortgage interest credit. Attach Form 8396 . . . . . . . . . **6**g h District of Columbia first-time homebuyer credit. Attach Form 8859 6h Qualified electric vehicle credit. Attach Form 8834 6i Alternative fuel vehicle refueling property credit. Attach Form 8911 6i k Credit to holders of tax credit bonds. Attach Form 8912 . . . 6k Amount on Form 8978, line 14. See instructions 61 z Other nonrefundable credits. List type and amount ▶ 6z 7 7 Total other nonrefundable credits. Add lines 6a through 6z . . . . . . . . . . . . . . Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR,

8

line 20 . . . .

REV 02/05/22 PRO

2,000.

Schedule 3 (Form 1040) 2021 Page **2** 

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

BAA

## SCHEDULE E (Form 1040)

#### **Supplemental Income and Loss**

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

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

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

OMB No. 1545-0074

2021

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number

GAYA	THRI IDAMAKANT	'I RANGA						48	8-33-	914	8	
Part	Income or Loss	s From Rental Real Estate ar	nd Royalt	ties Note	: If you a	are in th	e business o	of rentir	g perso	nal p	operty,	use
	Schedule C. See	instructions. If you are an individu	ıal, report f	arm rental i	ncome c	or loss fr	om Form 48	<b>335</b> on	page 2,	line 4	0.	
		nts in 2021 that would require									∕es 🛚	No
B If "	Yes," did you or will you	ou file required Form(s) 1099?								<u> </u>	es [	No
1a		each property (street, city, sta										
A	PLOT NO:14,JJ	NAGAR; ALWAL HYDEARA	ABAD TE	LANGANA	IN 5	50001	1					
В												
C												
1b	Type of Property (from list below)	2 For each rental real esta above, report the number	er of fair re	ental and			Rental Days		onal U Days	se	Q	JV
Α	3	personal use days. Chec if you meet the requirem	ck the <b>QJ\</b>	/ box onlv₁	Α		365		0		Г	
_ <u></u>	3	qualified joint venture. So	ee instruc	tions.	В		303		0			<del>-</del>
					С							
	of Property:				0							
	gle Family Residence	3 Vacation/Short-Term Re	ontal 5 l	and	-	7 Self-	Rontal					
	ti-Family Residence	4 Commercial		Royalties			r (describe	\				
Incom		Proper		loyanies	Α	5 Othe	<u>l (describe</u>				С	
3				2		500.						
4						500.						
Exper			•   -	<u> </u>								
5			. 5									
6		nstructions)										
7	· ·	nance			-	800.						
8			. 8									
9			. —									
10		essional fees										
11	-					800.						
12	_	id to banks, etc. (see instruction				000.						
13												
14					-	850.						
15			-			850.						
16			. 1									
17			-		1.:	200.						
18		e or depletion										
19	Other (list)		1.									
20	` ′	lines 5 through 19		-	4.	500.						
21	•	line 3 (rents) and/or 4 (royaltie										
		instructions to find out if you										
			. 2	1	-4,0	000.						
22	Deductible rental real	l estate loss after limitation, if	any,									
	on Form 8582 (see in		- 1 -	2 (	4,0	00.)	(		)(			)
23a	Total of all amounts r	eported on line 3 for all rental	propertie	s		23a		50	0.			
b	Total of all amounts r	eported on line 4 for all royalty	y properti	es		23b						
С		eported on line 12 for all prop				23c						
d	Total of all amounts r	eported on line 18 for all prop	erties .			23d						
е	Total of all amounts r	eported on line 20 for all prop	erties .			23e		4,50	0.			
24	Income. Add positive	e amounts shown on line 21. I	<b>Do not</b> in	clude any	losses			. [	24			
25	Losses. Add royalty lo	sses from line 21 and rental real	estate los	ses from lir	ne 22. Er	nter tota	al losses her	e .	25 (		4,	000.)
26	Total rental real est	ate and royalty income or (le	oss). Cor	nbine lines	3 24 and	d 25. E	nter the re	sult				
	here. If Parts II, III, I	V, and line 40 on page 2 do	not app	oly to you,	also e	enter th	is amount	on				
	Schedule 1 (Form 104	40), line 5. Otherwise, include	this amou	int in the t	otal on	line 41	on page 2	.	26		-4,	000.

#### **Education Credits** (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040 or 1040-SR. Department of the Treasury Internal Revenue Service (99)

OMB No. 1545-0074 Attachment Sequence No. **50** 

Name(s) shown on return

IDAMAKANTI RANGA

GAYATHRI

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

488-33-9148

Your social security number



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

Par	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	L line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2		•	
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3			
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5			
6	If line 4 is:		,		
	• Equal to or more than line 5, enter 1.000 on line 6		I		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (round less three places)			6	
_	at least three places)				
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th conditions described in the instructions, you can't take the refundable America				
	skip line 8, enter the amount from line 7 on line 9, and check this box			7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below			8	
Part	II Nonrefundable Education Credits				
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	•	,	9	
10	After completing Part III for each student, enter the total of all amounts from a				
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	15,000.
11	Enter the smaller of line 10 or \$10,000			11	10,000.
12	Multiply line 11 by 20% (0.20)			12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	13	90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter	14	44,089.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	45,911.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10,000.		
17	If line 15 is:				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rour places)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	•	,	18	2,000.
19	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3			19	2,000.

Name(s) shown on	Your social security number	
GAYATHRI	IDAMAKANTI RANGA	488-33-9148



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	Student and Educational Institution Information	n. Se		
20	Student name (as shown on page 1 of your tax return) GAYATHRI	21	Student social security number (as s your tax return)	hown on page 1 of
	IDAMAKANTI RANGA		488-33-9148	
22	Educational institution information (see instructions)			
а	Name of first educational institution	b	. Name of second educational instituti	on (if any)
	UNIVERSITY OF THE CUMBERLANDS			
(	<ol> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> <li>6178 COLLEGE STATION DR</li> </ol>	(1	Address. Number and street (or P. post office, state, and ZIP code. If instructions.	
	WILLIAMSBURG KY 40769			
(2	2) Did the student receive Form 1098-T	(2	Did the student receive Form 1098 from this institution for 2021?	-T ☐ Yes ☐ No
(:	Did the student receive Form 1098-T from this institution for 2020 with box ☒ Yes ☐ No 7 checked?	(3	Did the student receive Form 1098 from this institution for 2020 with b 7 checked?	
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	, l	Enter the institution's employer (EIN) if you're claiming the America if you checked "Yes" in (2) or (3) from Form 1098-T or from the institution.	an opportunity credit or . You can get the EIN
	61-0470593			
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021?		Yes — <b>Stop!</b> Go to line 31 for this student. X No	— Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	n n r 🗷 '		— <b>Stop!</b> Go to line 31 his student.
25	Did the student complete the first 4 years of postsecondary education before 2021? See instructions.	X	Yes — <b>Stop!</b> Go to line 31 for this No student.	— Go to line 26.
26	Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?	d 🗌 (	Ves — <b>Stop!</b> Go to line 31 for this thro	— Complete lines 27 ugh 30 for this student.
CAUT				in the same year. If
	American Opportunity Credit			
27	Adjusted qualified education expenses (see instructions). Dor			27
28	Subtract \$2,000 from line 27. If zero or less, enter -0			28
29	Multiply line 28 by 25% (0.25)			29
30	If line 28 is zero, enter the amount from line 27. Otherwise, a			
	enter the result. Skip line 31. Include the total of all amounts f	trom a	I Parts III, line 30, on Part I, line 1.	30
	Lifetime Learning Credit			
31	Adjusted qualified education expenses (see instructions). Incl	lude th	ne total of all amounts from all Parts	<b>31</b> 15,000.