(Rev. January 2021)

Department of the Treasury

IRS effle Signature Authorization

▶ EROmust obtain and retain completed Form 8879.

OMB No. 1545-0074

Internal Revenue Service Co 10 www.115.gov/Fatmas/91at 1/16/18/1651.11	niamaiai
Submission Identification Number (SID)	
Taxpayer's name	Social security number
HARI KRISHNA CHAKALI	059-73-1291
Spauze/s name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 31,	
Enterwhole dollars only on lines 1 through 5	
Note: Farm 1040-SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank	
1 Adjusted gross income	1 77,216.
2 Total tax	
3 Feoleral income tax withheld from Fam(s)W-2and Fam(s) 1099	
4 Amountyauwentrefunded to you	4 7,610.
5 Amountyauove	
Part II Taxpayer Declaration and Signature Authorization (Be sure y	yougetandkeepacopyofyour return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amount return (original or amended) I am now authorizing I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt of any delay in processing the return or refund, and (c) the date of any refund. If applicable, I Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the reauthorization is to remain in full force and effect until I notify the U.S. Treesury Financial Agent at 1-888-353-4537. Payment obtainess days prior to the payment (settlement) date. I also authorize the financial institution taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (original Electronic Funds Withdrawal Consent.	provider, transmitter, or electronic return originator (ERO) or reason for rejection of the transmission, (b) the reason authorize the U.S. Treasury and its designated Financial tion account indicated in the tax preparation software for financial institution to debit the entry to this account. This pent to terminate the authorization. To revoke (cancel) a cancellation requests must be received no later than 2 is involved in the processing of the electronic payment of related to the payment. I further acknowledge that the
Taxpayer's PINI check and box only	3 1 2 9 1
	er or generate my PIN Enterfive digits but
ERO firm name signature on the income tax return (original or amended) I am now authoriz	don tenterall zeros
I will entermy PIN as my signature on the income tax return (original or an if you are entering your own PIN and your return is filed using the Practitibelow.	nended) I am now authorizing. Check this box only
Your signature •	Date▶
Spouse's PIN; check are box anly	
☐ Lauthorize toento	erorgenerate my PIN as my
ERO firm name	Enterfive digits, but
signature on the income tax return (original or amended) I am now authoriz	_
I will entermy PIN as my signature on the income tax return (original or an if you are entering your own PIN and your return is filed using the Practitibelow.	
Spouæ's signature▶	Date▶
Practitioner PINMethod Returns Only—co	
Part III Certification and Authentication—Practitioner PIN Method	Only
ERO's EFIN/PIN Enteryoursix-digit EFIN followed by your five-digit self-selected I	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 indicated to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-fi	that I am submitting this return in accordance with the
EROssignature▶	Date▶
EROMust Retain This Farm — See In Dan't Submit This Farm to the IRS Unless Re	

£104		ertmentoftheTressuy-Internal RevenueServ S. Indvidual Income Ta		etun	202	21	OMB No 1545	50074	IRS Use C	nly-D	onotwr	iteorstaple	in th is:	space.
Filing Statu Checkorly one box	lfyc	Singe Married filingjointly [ouchecked the MFS box, enter the r son is a child but not your depender	name											
Yourfirstname	eandm	iddeinital	Læst	name						Yo	ursa	cial securi	tynun	nber
HARI KR	ISHN	A	CHA	AKALI						0.	59-7	73-129	1	
lfjointretum s	pouæ!	sfirstnameandmiddeinital	Læst	name						Sp	ouse's	ssocial se	curity	number
	•	erandstreet). Ifyouhavea P.O. box, see GROVE BLVD	einstru	ctions				Ą	ot no	1		ntial Electi ere if you		
Oty, town or postoffice If you have a foreign address, also on DUBLIN			omplet	espacesbel	low.	Sta		ZIP 000		to	at ago	iffilingjai thisfund wwill m	Check	kinga
Fareigncountr	yname			Fareignpr				npostal coo		boxbelowwill notchange your taxor refund. You Spouse				
Atanytimed	ring 2	021, did you receive, sell, exchange	; arat	hawiseds	sposeofar	yfin	ancial interesti	in <i>a</i> ny\	irtual cur	rency	<i>?</i> ?	Yes	X	Nb
Standard Deduction		neone can daim: 🔲 Youas a de Spouse itemizes on a separate retu	•		•		sadependent n							
Age/Blindnes	s You	WerebarnbefareJanuary2,1	1957	Areb	ind Sp	ause	≅ □ Wasba	mbefa	eJanuar	y21	957	☐ Isb	lind	
Dependent Ifmare		instructions): irstrame Lætrame		(2)5	Social securit rumber	У	(3) Relationsh toyou	qir	(4) V i Child ta	•	- 1	(sæinstr Oæditford		
than four dependents,]				
see instruction and check	<i>a</i>													
here▶ _													<u> Ш</u>	
Attach	_1_	Wages, salaries, tips, etc Attach	1.	s)W-2 .	· · ·						1		86,2	216.
Sch Bif	2a	Tax-exemptinterest	2a			b T	axable interes	st .			20			
required	(<u>a</u>	Qualified dividends	3a				Ordnarydivida				35			
	4a	IRA distributions	4a				axable amour				45			
	5a	Pensions and amulties	5a			b T	axable amour	nt			56			
Standard	6 a	Social security benefits	6a				axable amour	nt		·	රා			
Deduction for— • Single or	7	Capital gainer (loss). Attach Sche	edUe[Difrequire	d Ifnotreo	µirec	d, dheck here		▶		7			
Married filing	8	Other income from Schedule 1, lin	ne 10								8			000.
separately, \$12,550	9	Add lines 1, 20, 30, 40, 50, 60, 7,	and 8	3 Thisisyc	urtotal inc	ome					9	'	77,2	216.
Married filling idipth car.	10	Adjustments to income from Sche	edUe 1	1, line26							10	1		
jaintlyar Qualifying	11	Subtractline 10 from line 9. This is	syar	adjusted:	græsinæ	me					11	1	77,2	216.

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

12a Standard deduction or itemized deductions (from Schedule A) . . .

13 Qualified business income deduction from Farm 8995 ar Farm 8995 A.

b Charitable contributions if you take the standard deduction (see instructions) 12b

Taxable income. Subtractline 14 from line 11. If zero or less, enter -0.

widow(er), \$25,100

 Head of household,

\$18,800 • If you checked any box under

Standard Deduction

see instructions

15

Fam 1040(2021)

12,850.

12,850.

64,366.

12,550.

300.

12c

13

14

15

12a

-am 1040(2021)			Page 2
	16	Tax (see instructions). Check if any from Farm(s): 1 2814 2 4972 3	16	9,911.
	17	Amount from Schedule 2 line 3	17	
	18	Add lines 16 and 17	18	9,911.
	19	Namefundable child tax aredit an aredit for other dependents from Schedule 2812	19	
	20	Amount from Schedule 3 line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtractline 21 from line 18 Ifzeroanless, enten-0	22	9,911.
	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	9,911.
	25	Federal income tax withheld from:		
	а	Fam(s)W-2		
	b	Fam(s) 1099		
	С	Otherfams (see instructions)		
	d	Add lines 25a through 25c	25d	16,737.
fyouhavea	26	2021 estimated tax payments and amount applied from 2020 return	26	
qualifying child,	2īa	Earned income credit (EIC)		
ittach Sch EIC.		Check here if you were born after January 1, 1998, and before		
		January 2, 2004, and you satisfy all the other requirements for		
	1-	taxpayers who are at least age 18, to daim the EC. See instructions ▶ ☐		
		Nantavalde combat payelection		
	28			
	29	American apparturity aredit from Farm 8863 line 8		
	30	Recovery rebate area of See instructions		
	31	Amount from Schedule 3 line 15	~	704
	32 33	Add lines 27a and 28 through 31. These are your total other payments and refundable credits.	32	784. 17,521.
		Add lines 25d, 26, and 32 These are your total payments	33	7,610.
Refund	34 35a	Iffline 33 is more than line 24 subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	34 35a	7,610.
Direct deposit?	>b	Routing number 0 1 1 1 4 0 0 4 9 5 CType X Checking Savings	3.6	7,010.
See instructions	▶d	Accountrumber 0 0 3 8 8 1 0 0 5 2 0 5		
	36	Amount of line 34 you want applied to your 2022 estimated tax 36		
Amount	37	Amountyou owe. Subtract line 33 from line 24 For details on how to pay, see instructions .	37	
You Ove	38	Estimated tax penalty (see instructions)	3/	
Third Party		you want to allow another person to discuss this return with the IRS? See		
Designee		tructions	elow.	X No
	Des	igned's Phane Personal identifi		
	nen	ne ▶ number (PIN) ▶		
Sian	Un	der penalties of perjuy, I dedare that I have examined this return and accompanying schedules and statements, and to	the bes	tofmyknowledge <i>a</i> nd

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, a belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of										
пае ,	Yoursignatur	e		Date	Yaraayation			If the IRS ser Protection P	_		_
Jaintretum?					PROGRAMMER	ANALYST		(seeinst)▶			
See instructions Keep acopy for your records	Spouse's signature. If a joint return, both must sign		Date	Spauescaupation			If the IRS sentyour spouse an Identity Protection PIN, enter it here				
								(sæinst)▶			
	Phanero	(312)771-783	9	Email address	CHARIKRISHNA	1289@GMAIL.C	If the IRS sentyour spoul Identity Protection PIN € (see inst.) ►				
Paid Paid	Preparer's na	me	Preparer's signar	ture		Date	Pī	1N	Chec	kif:	
	SYAM PRIYA RAM	M SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/28/2022	P0	2082703		elf-em	ployed
Preparer - Use Only -	Firm's name	► GLOBAL TAX	XES LLC					Phonema (678)	965-	-9522
USECITY 1	Firm's addres	ss▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041			Firm's EIN ▶	30	-101	7196

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

▶ Attach to Farm 1040, 1040-SR, or 1040-NR. ▶ Go towww.irs.gov/Form1040for instructions and the latest information. Sequence No Ol

Your social security number

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

HARI KRISHNA CHAKALI 059-73-1291 Part I Additional Income Taxable refunds, credits, croffsets of state and local income taxes. 0. 2ab Date of original divorce or separation agreement (see instructions) 3 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach 5 -9,000. 6 Farm income or (loss), Attach Schedule F........ 6 7 Otherincome 8 80 80 d Fareigneamed income exclusion from Farm 2555 89 e Taxable Health Savings Account distribution 80 8F 80 81 8 8 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 8 I Olympic and Paralympic medals and USOC prize money (see 8 m Section 951(a) inclusion (see instructions)...... 8m n Section 951A(a) inclusion (see instructions) 81 o Section 461() excess business loss adjustment. 80 p Taxable distributions from an ABLE account (see instructions). 80 z Otherincome List type and amount

Total other income Addlines & through &

10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040SR, or

-9,000.

9

Page 2

Par	tll 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 Atlach Form 8889	13	
14	Moving expenses for members of the Armed Forces Attach Form 3908	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	Penaltyon early with drawal of savings	18	
19a	Alimany paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Studentloan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Otheradjustments		
а	Jurydutypay (see instructions)		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Cantributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful disarimination daims (see instructions)		
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 vidations		
j	Housing deduction from Farm 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Farm 1041)		
Z	Otheradjustments List type and amount		
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 (Farm 1040)

Supplemental Income and Loss

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

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

► Go towww.irsgov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment
Sequence No. 13

Name(s) shown on return HARI KRISHNA CHAKALI

Department of the Treasury Internal Revenue Service (99)

Yoursocial security number 059-73-1291

Part		s From Rental Real Estate and Ro	-		-					-	
		instructions Ifyauarean individual, repo									
		ntsin 2021 that would require you to									
B If"		ouffle required Fam(s) 1099?								<u>. 🗌 \</u>	∕es □ No
1a	Physical address of a	each property (street, city, state, ZIF	coope)								
A	RAHAMATH NAGAR	HYDERABAD TELANGANA IN	50004	5							
B											
C											
1b	Type of Property	2 For each rental real estate prop	certylist	æd .			r Rental	Pa	rsonal		QJV
	(from list below)	above, report the number of fail personal use days. Check the (2JVhox	(anlv			Days		Days	5	
A	3	if you meet the requirements to qualified joint venture. See inst	ofileasa	a	Α		365			0	
B_		qualification serio	IWIO 6	·	В						
C					С						
٠.	of Property.										
_	Je Family Residence	3 Vacation/Short-Term Rental					Rental				
	ti-Family Residence		6 Roya	lties		8 Oth	er (describe				
		Properties			Α		I	3			
			3			600.					
4			4								
Exper			_								
			5								
	•	nstructions)	6			000					
7	_	nance	7			800.					
8			8								
9			9								
10		ssional fees	10			000					
11 12	_	al to book a sta (see insets ations)	11 12			800.					
13		d tobanks, etc. (see instructions)	13								
14			14		2	500.					
15	•		15			000.					
16			16		۷,	000.					
17			17		3	500.					
18		eardepletian	18			500.					
	OH (!)	•	19								
20	Total expenses Addi	lines 5thm nh 19	20		9	600.					
	•	line 3 (rents) and/or 4 (royalties). If			<i>)</i>	000.					
21		instructions to find out if you must									
	file Form 6198		21		-9,	000.					
22		estate loss after limitation, if any,			•						
	an Form 8582 (see in	3	22 (9,0	000.	(}	()
23a		eparted an line 3 for all rental prope				23a		6	00.		,
b		eparted on line 4 for all royal typrop				23 b					
С		eparted on line 12 for all properties				230			\neg		
d		eparted on line 18 for all properties				23d	1				
e		eparted on line 20 for all properties				23e		9,6	00.		
24		eamountsshown on line 21. Do no							24		
25	•	sses from line 21 and rental real estate		_			tal losses he	re.	25	(9,000.)
26	9 9	ate and royalty income or (loss). (
		V, and line 40 on page 2 do not a									
		10 line 5 Otherwise include this ar		_					3		-9.000.



2021 Ohio IT 1040

Individual Income Tax Return
Use only black ink/UPPERCASE letters.



1000198 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) ✓ If deceased Spouse's SSN (if filing jointly) ✓ If deceased School district # 2503

First name M.I. Last name

HARI KRISHNA CHAKALI

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 5908 GARDEN GROVE BLVD

Do not staple or paper clip.

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

City State ZIP code Ohio county (first four letters)

DUBLIN OH 43017 FRAN

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

Foreign postal code

Residency Sta	<u>itus</u> – Check only on	ne for primary	Filing Status – Check one (as reported on federal income tax return
X Resident	Part-year resident	Nonresident	X Single, head of household or qualifying widow(er)
Check only one for	spouse (if filing jointly	y)	Married filing jointly
Resident	Part-year	Nonresident ••	Spouse's SSN
	resident	Indicate state	Married filing separately
•		See instructions for required criteria ebuttable presumption as nonresident.	Federal extension filers - check here.
Spouse meets	the five criteria for irre	ebuttable presumption as nonresident.	If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

	dependent, check here.		
1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place if negative		77216	00
2a. Additions – Ohio Schedule of Adjustments, line 10 (include schedule)	2a.		00
2b. Deductions – Ohio Schedule of Adjustments, line 39 (include schedule)	2b.		00
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in if negative		77216	00
Exemption amount (include Schedule of Dependents if applicable) Number of exemptions including you and your spouse/dependents, if applicable		2150	00
5. Ohio income tax base (line 3 minus line 4; if negative, enter zero)	5.	75066	00
6. Taxable business income – Ohio Schedule IT BUS, line 13 (include schedu	ule)6.		00
7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)	7.	75066	00



MM-DD-YY Code

2021 Ohio IT 1040

Individual Income Tax Return



SSN 059 73 1291

SSN 059 73 1291	21000298 Sequenc	e No. 2
7a. Amount from line 7 on page 1	75066	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	1873	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)8b.		00
8c. Income tax liability before credits (line 8a plus line 8b)	1873	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)9.	0	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	1873	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)11.		00
12. Unpaid use tax (see instructions)		00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)13.	1873	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	2707	00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return		00
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)		00
17. Amended return only – amount previously paid with original and/or amended return17.		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	2707	00
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return19.		00
20. Line 18 minus line 19. Place a "-" in the box if negative	2707	00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13		00
22. Interest due on late payment of tax (see instructions)		00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ 23.		00
24. Overpayment (line 20 minus line 13)	834	00
24. Overpayment (line 20 minus line 15)		
25. Original return only – portion of line 24 carried forward to next year's tax liability		00
00 00 00		
d. Breast/Cervical Cancer e. Wishes for Sick Children f. Wildlife Species		00
00 00 00		
27. REFUND (line 24 minus lines 25 and 26g)	834	00

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

Primary signature Phone number (312)771-7839

Spouse's signature _____ Date _

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

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

Preparer's TIN (PTIN) P 02082703

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

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

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



2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



Sequence No. 11

059 73 1291

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

Part A - Total Withholding

Part B -		5 4 44 41 41 41	5 6 5 1 11 1 1 11 11
1. P/S P	Box b - EIN 453412032	Box 1 - Wages, tips, other compensation 86216 00	Box 2 - Federal income tax withheld 16737 00
	Box 15 - Employer's Ohio ID number 52789116	Box 16 - Ohio wages, tips, etc. 86216 00	Box 17 - Ohio income tax 2707 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 00	Box 2 - Federal income tax withheld 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 00	Box 2 - Federal income tax withheld 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 00	Box 2 - Federal income tax withheld 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 00	Box 2 - Federal income tax withheld 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 00	Box 2 - Federal income tax withheld 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 00	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 00



0098

2021 Schedule of Ohio

Withholding Primary taxpayer's SSN 059 73 1291



21350298

		059 73 1291	Z1330Z96
	1099-Rs	5 4 6 8 11 11 11	Sequence No. 12
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 00	Box 14 - Ohio tax withheld 00
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 00	Box 14 - Ohio tax withheld 00
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 00	Box 14 - Ohio tax withheld 00
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld 00	Box 14 - Ohio tax withheld 00
Part D -	W-2Gs		
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld 00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld 00
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld 00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld 00
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings 00	Box 4 - Federal income tax withheld 00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld 00
Part F -	1099-NECs		
	Payer's TIN	Box 1 - Nonemployee compensation 00	Box 4 - Federal income tax withheld 00
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
	•	00	00
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld
2. 1/3	i ayor s iliv	00	00
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
	y	00	00

Form R					Fiscal Yea Beginning	ars Fill in D	ates	
		ESTERVILLE CITY OME TAX RETUR		2021	Ending			
	THIS RETURN MUST BE FILED OF ESTIMATED TAX EVEN THO	D BY EVERYONE REQUIRED	TO SUBMIT A DECL		And File V	Vithin 4 Mo	onths	
OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY	OI ESTIMATED TAX EVEN THE	OUGH DECEMBATION WAS A	CCORATE AND FAI	D IN TOLL.	0.2		Yes	No
INDICATE SOLE PROPRIETO	RSHIP		ARE YOU A RESIDEN	l vt?		-		×
WHETHER	OTHER		DID YOU FILE A RET			-		
ACCOUNT NUMBER	ACCOUNT TYPE SS	SN	HAS INTERNAL REV	ENUE SERVICE	E INCREASED YOU	R		
		59-73-1291	INCOME TAX LIABILI	TY FOR ANY P	RIOR YEAR?			
Date moved in		pouse SSN	IF SO, HAS AN AMEN BEEN FILED?	IDED INCOME	TAX RETURN			
Date moved out			YOUR LOCAL PHON	E NUMBER	(312	771-78	839	
HARI KRISHNA CHAK	ALI		This Space	For Tax O	ffice Use Only			
5908 GARDEN GROVE DUBLIN Your Name, Address and Social Secur On Our Records. Make Corrections Wi Missing. Attach Copy of Federal Return	BLVD OF OF OF OF OF OF OF OF OF O	Above As They Appear						
	I fall lines Applicable to Taxpayer Are Not here Employed, And 2021 Gro		nuses Commiss	ions Tins	Ftc. Attach Co	ny Of W-2	2 For	m(s)
	ch Copy of W-2 Form(s))	City Where Em		City Tax		Wages		(0)
IPOLARITY LLC	.,	•			1724			5216
4. 7074107	*		=/		1.004		0.6	-016
•	if above is fully taxable and your state of the state o	•			1724		86	5216
	COME (TOTAL OF LINES 1 AN						86	5216
4a ITEMS NO	OT DEDUCTIBLE (FROM LINE (S SCHEDULE X)	ADD	-				
	OT TAXABLE (FROM LINE L SC	HEDULE X)	DEDUCT					
ADJUST- MENTS TO	CE BETWEEN LINES 4a and b TO BE A	ADDED TO OR SUBTRACTED	FROM LINE 3. (+ OF	₹-)				
INCOME 5a ADJUSTE	D NET INCOME (Line 3 plus or		•				86	5216
	f Line 5a Allocable (.OCABLE NET LOSS PER PRE		step 5 Schedule Y	•				
	SUBJECT TO WESTERVII		,	,			96	5216
	VILLE CITY TAX RATE		700 (Ellie da Olt e	DD LLOO LII				1724
	: a Tax withheld by employer(s		ove		1724			
ALLOWABLE	b Payments and credits on 20	022 Declaration of Estima	ted Tax					
CREDITS	c Earned income taxes paid City of		(Resident individuals only)					
	· · · · · · · · · · · · · · · · · · ·	OTAL CREDITS ALLOWA	3, <u>I</u>				1	1724
9 BALANCE OF TAX DI	JE (Line 7 Less Line 8) Make R	Remittance Payable to C	ity and Attach W	hen Filing.	•			
	MED (If Line 8 Exceeds Line 7,				0			
Enter Amount of line 10	•	2022 Estimated Tax						
DECLARATION OF ESTIMA			ې		<u> </u>			
11 Total Income Subject to	o Tax \$	х %			. 11 \$			
	d				· -			
	ine 11 - Line 12)							
	e (Line 13 - Line 14)							
	mated Payment Due (1/4 of Line							
	eturn (Add Lines 9 and 16)							
	RETURN INCLUDING ACCOMPANYING S ETE AND THAT THE FIGURES USED HEI		AND TO THE BEST O EDERAL INCOME TAX	F MY KNOWLE PURPOSES.	DGE AND BELIEF	OHYB99	01 09	9/27/16
SYAM PRIYA RAM SAI SIGNATURE OF PERSON PREPARIN	GAR GUPTA TALLAM 01/ NG IF OTHER THAN TAXPAYER		JRE OF TAXPAYER OF	RAGENT				DATE
GLOBAL TAXES LLC								
2530 PEBBLE CREEK								
CUMMING ADDRESS OR NAME AND ADDRESS	GA 30041 S OF FIRM OR EMPLOYER		JRE OF SPOUSE					DATE
	practitioner, may we contact your pract			on of this retur	n? YES	NO		
1 1 3	. , , , , , , , , , , , , , , , , , , ,	, ,	1 1			—	ш	

El R-25 City of Columbus, Income Tax Division City Income Tax Return For Individuals 2021

COLUMN A COLUMN B COLUMN C LISS TAX MITHELD DIVID. PADD DIRECTLY TO CITY WHERE EARTHD, DRIVE. PADD DIRECTLY DIRECTLY PADD DIRECTLY TO CITY WHERE EARTHD, DRIVE. PADD DIRECTLY TO CITY TAX DIRECTLY TO CITY TAX DIRECTLY TO CITY TAX DIVE. DRIVE. PADD DIRECTLY TO CITY TAX DIVE. DRIVE.			-			Prima	ry Social S	Security Num	ber	Check the appr	opriate I	oox if:			
Topiant nature, speared from name and least range Speared Security outlined Spea					LI			291		REFUND Line 6B for this return to be					
IT JOAN CHAPTERS ARE THE AREA OF THE ARE	First name and middle	e initial	Last name			Spous	e's Social	Security Nur	nber		' '				
Initial Set Se	If a joint return, spou	use's fir	st name and Last name						L	AMENDE	.D Tax	year			
COULUMN A COLUMN B COLUMN C COLUMN C COLUMN B COLUMN C COLUMN C COLUMN B						Filing	status:		s	hould your accoun	be inactiv	vated? YES NO			
DUBLIN ON Sales A 13.1.7 Par coors For Tax Office Use For Tax Offic										YES, explain					
Special Page Spec		•	·		43017										
Taylor per a first time filter amplipment is due, you must attach a check or money order for the amount due. This amount can be found in Box 5. **Recoldence change in 2021 (if applicable)** Did you change residence during 2021?** UPS NO Occapation in relative of basiness. Trade name DBA Clinic of emproyment COLUMBUS Trade name DBA Clinic of emproyment COLUMBUS City shall, A Clinic of emproyment COLUMBUS Employer(5) and address where work load Phin's ICALLY performes in you control from home. State particularly or time worked from home. TAXABLE WAGES Employer(5) and address where work load Phin's ICALLY performes in you control from home. State particularly or time worked from home. TAXABLE WAGES Employer(5) and address where work load Phin's ICALLY performes in you control from home. State particularly or time worked from home. TAXABLE WAGES EMPLOYER(5) and address where work load Phin's ICALLY performes in you control from home. State particularly or time worked from home. TAXABLE WAGES EMPLOYER(5) and address where work load plantengages. **RETAY WAGES learned in Columb B.** COLUMN B.** COLUMN B.** COLUMN B.** COLUMN B.** COLUMN B.** COLUMN C.** COLUMN B.** COLUMN B.** COLUMN B.** COLUMN C.** COLUMN B.** COLUMN C.** C			State		Zip code				ately D	id you file a City re	turn in 202	0? YES NO			
If you are a first time filter and payment is due, you must attach a check or money order for the amount due. This amount can be found in the st. Provision of the provision of the politication of the polit						For I	ax Offi	ce Use							
To the cannot due this amount can be found in Box 5. Residence change in XD21 of applicable) Day such anger residence during 202177	Taxpayer phone num	ber													
Dis you change residence during 2021? IYES enter date of move: IYES center date of move: IYES cente					ck or money order										
TOCK patient or nature of business. Trade name (REA Columbus Squares Squares and street) City state. Zep Code City State. Zep Cod	Residence chan	ge in 2	021 (If applicable)												
Trode name of EAA Close of employment COLUMBUS TAXABLE WAGES Attach W 25 and for W 25	Did you change reside	nce du	ring 2021?	YES	☐ NO	Occu	pation or na	ature of busine	ess						
City State. 2p Code City of residence DUBLIN	If YES, enter date of m	nove: _													
City, State, 2pr Code City of recidence DUBLIN									TIMPIT	<u></u>					
TAXABLE WAGES Attach W2s and for were worked from home. TAXABLE WAGES IPOLARITY LLC, 200 CENTENNIAL AVE STE 204 (+) 86,216. (+) (+) 86,216. (-) (+) 86,216. (-	Previous Address (num	ber and	street)			Cities	of employi	ment <u>COI</u>	10MRO	<u>5</u>					
Employer(s) and address where work was PHYSICALLY performed. If you worked from home. TAXABLE WAGES IPOLARITY LLC, 200 CENTENNIAL AVE STE 204 (+) 86, 216. (+) (you have more than three employers, please attach a statement Issing all employers. Part B TAX CALCULATION Complete Form IR-21 for 2022 if 2021 net tax due is more than \$200. COLUMN A COLUMN B COLUMN B COLUMN D COLUMN B COLUMN G COLUMN C COLUMN D COLUMN B COLUMN G COLUMN G COLUMN G COLUMN G COLUMN D COLUMN B COLUMN G COLUMN G COLUMN G COLUMN B COLUMN G COLU	City, State, Zip Code					City o	f residence	DUE	BLIN						
Employer(s) and address where work was PHYSICALLY performed. If you worked from home. TAXABLE WAGES IPOLARITY LLC, 200 CENTENNIAL AVE STE 204 (+) 86, 216. (+) (you have more than three employers, please attach a statement Issing all employers. Part B TAX CALCULATION Complete Form IR-21 for 2022 if 2021 net tax due is more than \$200. COLUMN A COLUMN B COLUMN B COLUMN D COLUMN B COLUMN G COLUMN C COLUMN D COLUMN B COLUMN G COLUMN G COLUMN G COLUMN G COLUMN D COLUMN B COLUMN G COLUMN G COLUMN G COLUMN B COLUMN G COLU	Part A	TAX	ABLE WAGES	Attach	W-2s and /or W	-2 G.									
IPOLARITY LLC, 200 CENTENNIAL AVE STE 204								f tim	les el frence	h a a	Τ.	VADI E WACEC			
(+) (you have more than three employers, please attach a statement Ising all employers. NET WAGES (enter in Column B below) (=) 86, 216. PART B TAX CALCULATION Complete Form IR-21 for 2022 if 2021 net tax due is more than \$200. COLUMN A COLUMN B COLUMN B COLUMN C COLUMN D COLUMN E COLUMN F COLUMN G LISS TAX WITHERD WAZES, SALARIES, COMMISSIONS, (from Net Wages in Part A) (from Net Wages in Part A) RATE TAX DUE PART TAX DUE PART TAX DUE COLUMBUS 01 86, 216. 86, 216. 25% 2,155. 2,067. 88. 2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY				•		m nome, state	percentag	e or time wor	kea Irom						
(+)	IPOLARITY I	шшС,	ZUU CENTENNIA	L AVE ST	£ 204							86,216.			
PART B TAX CALCULATION Complete Form IR-21 for 2022 if 2021 net tax due is more than \$200. COLUMN A COLUMN B COLUMN C COLUMN D COLUMN F COLUMN F COLUMN G C															
COLUMN A COLUMN B COLUMN C TAX DUE TAX DUE COLUMN C	If you have more than thr	ree emp	loyers, please attach a statem	ent listing all emplo	oyers.		1	NET WAGES	(enter in	Column B below)	(=)	86,216.			
COLUMBUS 01 86,216. PROFITS, RENTS AND OTHER TAXABLE INCOME (from Net Wages in Part A) (from Part C) (from Net Wages in Part A) (from Net Wages in	Part B TA	ХС	ALCULATION	Complete Fo	rm IR-21 for 202	22 if 2021 ne	t tax due	e is more th	nan \$200	0.					
NICOME FROM WARTS COMMISSIONS (PROT NATE) NICOME FROM NET PROFITS RATE TAX DUE PAGE OF A PARTNERSHED PROFITS AND OTHER TAXABLE INCOME TAX BLE INCOME	COLUMN A		COLUMN B	COLUMI	V C CC	LUMN D		COLUN	IN E	COLUMN	l F	COLUMN G			
PROFITS, RENTS, AND OTHER TAXABLE BINCOME (from Part C) COLUMBUS O1 86,216. B6,216. COLUMBUS O1 86,216. COLUMBUS O1 88.			INCOME FROM WAGES.	INCOME FRO	M NET										
COLUMBUS O1 86,216. 86,216. 2.5% 2,155. 2,067. 88. D2 LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY	CITY	CODE	SALARIES, COMMISSIONS,	PROFITS, REN	TS, AND T			TAX D	JE	PAID DIRECTLY	O CITY	NET TAX DUE			
2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY			(from Net Wages in Part A)	(from Part	C)						RIBUTION				
2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY	COLLIMBUS	Λ1	06 216			26 216	216 25%		155	2 (167	00			
3 88. BALANCE DUE (COLUMN G LESS LINE 2). If Line 2 is greater than Column G, enter amount (in brackets) here	COLONIDOS	01	00,210.			00,210.	2.570	۷,	133.	2,0	707.	88.			
3 88. BALANCE DUE (COLUMN G LESS LINE 2). If Line 2 is greater than Column G, enter amount (in brackets) here	2 ESS OBEDITS E	OD EC	TIMATED TAV DAVMENI	C AND OVEDD	A VMENT EDOM I		DETLIDA	LONLY		2					
A. PENALTY: 15% \$	2. LE33 CREDITS I (OK <u>LS</u>	TIMATED TAX FATIVLINI	3 AND OVERF	ATIVILINI I KOWII	FRIOR TLAK	KLIUKN	ONLI			\dashv				
5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUNT IS \$10.00 or less	3. BALANCE DUE (C	OLUM	N G LESS LINE 2). If Line	2 is greater than	Column G, enter a	mount (in brack	ets) here.				. 3	88.			
5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUNT IS \$10.00 or less	4. PENALTY: 15% \$_	saa ins	+ INTEREST \$	(see instructions	 \						. 4				
A. Enter the amount from Line 6 you want REFUNDED (must be greater than \$10.00) B. Enter the amount from Line 6 you want REFUNDED (must be greater than \$10.00) Third Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions) Designee Phone #: SSN: SSN: The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the LRS. Columbus residents also declare that they have not claimed credit on this return for any laxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly. Your Signature Spouse's Solumburs sign Signature Date PTIN 30-1017196 Mail to: Columbus Income Tax Division PO Box 182158 Make payable to: CITY TREASURER Mail to: Columbus Income Tax Division PO Box 182158												88.			
A. Enter the amount from Line 6 you want CREDITED to your next year tax estimate 6A B. Enter the amount from Line 6 you want REFUNDED (must be greater than \$10.00) Third Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions) Party Designee Designee's Name: Phone #: SSN: SIGNATURE The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the LRS. Columbus residents also declare that they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly. Your Signature Date Paid Preparer's Signature Paid Preparer's Signature Date PTIN 30-1017196 MAILING INFORMATION NO Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Make payable to: CITY TREASURER Mail to: Columbus Income Tax Division PO Box 182158		•	,												
B. Enter the amount from Line 6 you want REFUNDED (must be greater than \$10.00) Third Party Designee Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions) Designee Phone #: SSN: The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the 1.RS. Columbus residents also declare that they have not claimed credit on this return for any taxes withheld to another municipally for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly. NO Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Make payable to: CITY TREASURER Mail to: Columbus Income Tax Division PO Box 182158 Make payable to: CITY TREASURER Mail to: Columbus Income Tax Division PO Box 182158			•	ŕ											
Third Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions) Designee Designee Phone #: SIGNATURE The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S. Columbus residents also declare that they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly. Your Signature Date Date PIIN 30-1017196 MAILING INFORMATION NO Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Make payable to: CITY TREASURER Mail to: Columbus Income Tax Division PO Box 182158									4D						
Party Designee Designee's Name: Phone #: SSN: The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the LR.S. Columbus residents also declare that they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly. Payment Enclosed: Mail to: Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division Po Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division Po Box 182158		nt from	Line 6 you want <u>REFUNI</u>	<u>DED</u> (must be g	reater than \$10.00	0) ———			ОБ						
Designee Designee Designee's Name: Phone #: SSN: The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S. Columbus residents also declare that they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly. NO Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Make payable to: CITY TREASURER Mail to: Columbus Income Tax Division PO Box 182158	D0 y0	ou wan	t to allow another persor	n to discuss this	s matter with the	City of Colur	nbus? (se	ee instructio	ns)	YES Complete	e the follo	wing 🔀 NO			
The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S. Columbus residents also declare that they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly. Signature Date PIIN 30-1017196 MAILING INFORMATION NO Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Make payable to: CITY TREASURER Mail to: Columbus Income Tax Division PO Box 182158	•		Designee's Name:			Phone #:				SSN:					
information may be released to the tax administration of the city of residence and the LRS. Columbus residents also declare that they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly. Your Signature Date Date Paid Paid Preparer's Signature Date PTIN 30-1017196 Date Date PTIN 30-1017196 PO Box 182158	Ŭ	Th								MAILING	INFO	RMATION			
received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly. Your Signature Date	31011/11011	in	formation may be released to the	tax administration of	the city of residence a	nd the I.R.S. Colu	mbus reside	ents also declare	that N/	O Payment E	inclose	ed:			
Here Signature Date Columbus, Ohio 43218-2437 Fa joint return, Spouse's Signature Date Preparer's Signature Date Properer's Signature Date Page Page Page Page Page Page Page Pag	Sian Your	re													
Date Make payable to: CITY TREASURER Paid Preparer's Signature Date PTIN 30-1017196 PO Box 182158	Here Signa					Date				Colu	mbus, O				
Paid Preparer's Signature Paid Po Box 182158 Po Box 182158						Date				9		DEACHDED			
Preparer's Signature Date PO Box 182158	Paid						20_1 <i>0</i>	17106	IVI		Colum	ous Income Tax Divisio			
	Preparer's Signa Use Only	ature				DI "			22						

Rev. 12/1/2021

£104		ertmentoftheTressuy-Internal RevenueServ S. Indvidual Income Ta		etun	202	21	OMB No 1545	50074	IRS Use C	ny-C	onotw	iteorstaple	in tri ss	apace.
Filing Statu Checkorly one box	lfyc	Singe Married filingjointly [ouchecked the MFS box, enter the r son is a child but not your depender	name											
Yourfirstname	eandm	iddeinital	Læst	name						Y	oursa	cial securi	tynur	nber
HARI KR	ISHN	A	CHA	AKALI						0	059-73-1291			
lfjointretum s	pouæ!	sfirstnameandmiddeinital	Læst	name						Sį	oouse's	s social se	curity:	number
	•	erandstreet). Ifyouhavea P.O. box, sec GROVE BLVD	einstru	ctions				Ą						
City, town or DUBLIN	oostoffi	ice. Ifyou have a foreign address, also o	amplet	espacesbel	low.				2017		spause if filling jointly, want \$3 to go to this fund. Checking a box below will not change			kinga
Fareigncountr	yname							Fareign				arrefund	۱ <u> </u>	spouse
Atanytimed	ring 2	021, did you receive, sell, exchange	arot	hawiseds	sposeofar	yfin	ancial interesti	in <i>a</i> ny\	<i>i</i> rtual cu	renc	y?	Yes	X	No.
Standard Deduction		neone can daim: 🔲 Youas a de Spouse itemizes on a separate retu	•		•		sadependent n							
Age/Blindnes	s You	WerebarnbefareJanuary2,1	1957	Areb	ind Sp	ause	≅ □ Wasba	mbefa	reJanuai	y21	1957	☐ Isb	lind	
Dependent Ifmare		instructions): irstrame Lætrame		(2)5	Social securit rumber	У	(3) Relationsh toyou	qir	(4) V i Child ta		- 1	for (see instructions): Credit for other dependents		
than four dependents,]				
see instruction and check	<i>a</i>													
here▶ _														
Attach	_1_	Wages, salaries, tips, etc Attach		s)W-2 .	· · ·						1		86,2	16.
Sch Bif	2a	Tax-exemptinterest	2a			b T	axable interes	st .			20			
required.	(<u>a</u>	Qualified dividends	3a				Ordnarydivida				3b 4b			
) 4a	IRA distributions	4a				axable amour							
	5a	Pensions and annuities	5a				āxable amour				5 0			
Standard Deduction for—	6 a	Social security benefits		6a b Taxable amount						Ċ	60			
• Singlear	7		chedule Difrequired. If not required, check here								7			
Married filing separately,	8	Other income from Schedule 1, lin									8			00.
\$12550	9	Add lines 1, 20, 30, 40, 50, 60, 7,		-	our total inc	ome					9		77,2	<u>:</u> 16.
 Married filing jaintlyar 	10	Adjustments to income from Sche									10	+		
Qualifying	11	Subtract line 10 from line 9. This is your adjusted gross income									11		77,2	:16.

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

12a Standard deduction or itemized deductions (from Schedule A) . . .

13 Qualified business income deduction from Farm 8995 ar Farm 8995 A.

b Charitable contributions if you take the standard deduction (see instructions) 12b

Taxable income. Subtractline 14 from line 11. If zero or less, enter -0.

widow(er), \$25,100

 Head of household,

\$18,800 • If you checked any box under

Standard Deduction

see instructions

15

Fam 1040(2021)

12,850.

12,850.

64,366.

12,550.

300.

12c

13

14

15

12a

-am 1040(2021)			Page 2
	16	Tax (see instructions). Check if any from Farm(s): 1 28814 2 4972 3	16	9,911.
	17	Amount from Schedule 2 line 3	17	
	18	Add lines 16 and 17	18	9,911.
	19	Namefundable child tax aedit araedit far other dependents from Schedule 2812	19	
	20	Amount from Schedule 3 line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtractline 21 from line 18 Ifzeroanless, enten-0	22	9,911.
	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	9,911.
	25	Federal income tax withheld from:		_
	а	Fom(s)W-2		
	b	Fam(s) 1099		
	С	Otherfams (see instructions)		
	d	Add lines 25a through 25c	25d	16,737.
fyouhavea	26	2021 estimated tax payments and amount applied from 2020 return	26	
qualifying child,	2īa	Earned income credit (EIC)		
attach Sch EIC.		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 daim the ElC. See instructions ▶ □		
	b	Nontaxable combat payelection		
		Prioryear (2019) earned income		
	28	Refundable child tax areal tanadational child tax areal tifrom Schedule 8812 28		
	29	American apparturity aredit from Farm 8863 line 8		
	30	Recovery rebate area of See instructions		
	31	Amount from Schedule 3 line 15		
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits >	32	784.
	33	Add lines 25d, 25 and 32 These are your total payments	33	17,521.
Refund	34	Iffline 33 is more than line 24 subtract line 24 from line 33 This is the amount you overpaid	34	7,610.
Neiu u	35a	Amount of line 34 you want refunded to you If Form 8888 is attached, check here	35a	7,610.
Direct deposit?	▶b	Routing number 0 1 1 4 0 0 4 9 5 ► cType X Checking Savings		
Seeinstructions	▶d	Account number 0 0 3 8 8 1 0 0 5 2 0 5		
	36	Amount of line 34 you want applied to your 2022 estimated tax \(\begin{array}{c}\) 36		
Amount	37	Amountyou owe. Subtractline 33 from line 24 For details on how to pay, see instructions	37	
You Ove	38	Estimated tax penalty (see instructions)		
Third Party		you want to allow another person to discuss this return with the IRS? See		
Designee		tructions		X No
		signæls Phone Personal identifi ne ▶ no ▶ rumber (PIN) ▶		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		tofmy knowledge and

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 arbelief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
гае	Yoursignature			Date	Yaraapation		If the IRS sentyou an Identity Protection PIN, enter it here				
Jaintretum?					PROGRAMMER	R ANALYST	(sæinst)▶				
Sæinstructions Kæpacopyfor yourrecords	Sparessigner	iture. Ifajointretum	cothmustsign	Date	Spouse's coorupat	ian	Identity Prot	If the IRS sent your spouse an Identity Protection PIN, enter it her (see inst.)			
	Phanena.	(312)771-783	9	Email address	CHARIKRISHNA	MC					
Dei al	Preparer's nam	е	Preparer's signat	ture		Date	PIIN	Check if:			
Paid Domonor	SYAM PRIYA RAM	SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/28/2022	P02082703	Self-e	mploye	d	
Preparer :	Firm′sname▶	GLOBAL TA	XES LLC				Phanena (678)965	5-952	2.2	

Firm'sabtress▶ 2530 Pebble Creek Ln Cumming GA 30041

Firm's∃N▶

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

▶ Attach to Farm 1040, 1040-SR, or 1040-NR. ▶ Go towww.irs.gov/Form1040for instructions and the latest information. Sequence No Ol

Name(s) shown on Form 1040, 1040 SR, or 1040 NR Your social security number HARI KRISHNA CHAKALI 059-73-1291 Part I Additional Income Taxable refunds, credits, croffsets of state and local income taxes. 0. 2ab Date of original divorce or separation agreement (see instructions) 3 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach 5 -9,000. 6 Farm income or (loss), Attach Schedule F........ 6 7 Otherincome **&**a 80 80 d Fareigneamed income exclusion from Farm 2555 89 e Taxable Health Savings Account distribution 80 8F 80 81 8 8 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 8 I Olympic and Paralympic medals and USOC prize money (see 8 m Section 951(a) inclusion (see instructions)...... 8m n Section 951A(a) inclusion (see instructions) 81 o Section 461() excess business loss adjustment. 80 p Taxable distributions from an ABLE account (see instructions). 80 z Otherincome List type and amount Total other income Addlines & through & 9

10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040SR, or

-9,000.

Page 2

Par	tll 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 Atlach Form 8889	13	
14	Moving expenses for members of the Armed Forces Attach Form 3908	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	Penaltyon early with drawal of savings	18	
19a	Alimany paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Studentloan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Otheradjustments		
а	Jurydutypay (see instructions)		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Cantributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaptains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful disarimination daims (see instructions)		
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 vidations		
j	Housing deduction from Farm 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Farm 1041)		
Z	Otheradjustments List type and amount		
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

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

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

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

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

OMB Na 1545-0074

2021

Attachment
Sequence Na 13

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

Yoursocial security number 059-73-1291

HARI	KRISHNA CHAKALI							59-73-			
Part	·	_		-					-		
	Schedule C. See instructions. If you are an individual, rep	ortfar	m rental i	income	orlæst	ram Farm 4	335ar	npage 2	line 4	C	
A Dic	lyoumakeanypayments in 2021 that would require you to	ofileF	-am(s) 1	1099? S	æinst	ructions .			Y	és 🛛 No	
	Yes," dd yau ar will yau file required Farm(s) 1099?										
1a	Physical address of each property (street, city, state, ZIF	P COO	e)								
Α	RAHAMATH NAGAR HYDERABAD TELANGANA IN	500	045								
В											
С											
1b	Type of Property 2 For each rental real estate pro	centy	listed		Fair	Rental	Per	sonal l	Jse	QJV	
	(from list below) above, report the number of fa	2 For each rental real estate property listed above, report the number of fair rental and pays as and used as Chark the O.W. hox only								₩.	
Α	3 if you meet the requirements to	personal usedays Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions B							0		
В	qualified jaint venture. See ins	qualified joint venture. See instructions									
С				С							
Type	of Property.										
1 Sing	gle Family Residence 3 Vacation/Short-Term Rental	5 La	nd		7 Self	-Rental					
2 MU1	ti-Family Residence 4 Commercial	6 R	oyalties		8 Oth	er (describe					
Incom	e: Properties			Α		E	3			С	
3	Rentsreceived	3			600.						
_4	Royalties received	4									
Expen											
	Advertising	5									
	Auto and travel (see instructions)	6									
	Gearing and maintenance	7			800.						
	Cammissians	8									
	Insurance	9									
	Legal and other professional fees	10									
	Management fees	11			800.						
	Mortgage interest paid to banks, etc. (see instructions)	12									
	Other interest	13	_								
	Repairs	14			500.						
	Supplies	15		2,	000.						
	Taxes	16									
	Utilities	17		3,	500.						
	Depreciation expense or depletion	18									
	Other (list) ▶	19	+								
	Total expenses Add lines 5 through 19	20		9,	600.						
	Subtract line 20 from line 3 (rents) and/or 4 (royal ties). If										
	resultisa (loss), see instructions to find out if you must	1		0	000						
	file Form 6198	21		-9,	000.						
	Deductible rental real estate loss after limitation, if any,	_		0 0	00					`	
	an Form 8582 (see instructions)	22	1 -		00.	()()	
	Total of all amounts reported on line 3 for all rental proper				23a		61	00.			
	Total of all amounts reported on line 4 for all royal typopo				23b						
	Total of all amounts reported on line 12 for all properties				23c						
	Total of all amounts reported on line 18 for all properties.				233		0 (00			
	Total of all amounts reported on line 20 for all properties				23e		9,60	24			
	Income. Add positive amounts shown on line 21. Do no		_		· ·		~ ·			0 000)	
	Losses Add royal tylosses from line 21 and rental real estate						- 1	25 (9,000.)	
	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Farm 1040), line 5 Otherwise, include this ar		_					26		-9,000.	
	I Carri	~~		~~~~	~ т		- •			. , •	