

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 SURYA ROTTE	Social security number 641-51-3608
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	62,723.
2	Total tax	6,721.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	9,796.
4	Amount you want refunded to you	3,271.
5	Amount you owe	

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

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

Taxpayer's PIN: check one box only

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

1	3	6	0	8
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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 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 SURYA	Last name ROTTE	Your social security number 641-51-3608
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. 700 NE 122ND ST		Apt. no. 2201	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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. OKLAHOMA CITY	State OK	ZIP code 73114	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes 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

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <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"/>

	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	75,693.
Attach Sch. B if required.	2a	Tax-exempt interest	2a		2b	
	3a	Qualified dividends	3a		3b	
	4a	IRA distributions	4a		4b	
	5a	Pensions and annuities	5a		5b	
	6a	Social security benefits	6a		6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	
	8	Other income from Schedule 1, line 10			8	-12,970.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	62,723.
	10	Adjustments to income from Schedule 1, line 26			10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶			11	62,723.
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	12a	Standard deduction or itemized deductions (from Schedule A)	12a	12,550.		
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	300.		
	c	Add lines 12a and 12b	12c		12,850.	
	13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
	14	Add lines 12c and 13			14	12,850.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	49,873.

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	6,721.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,721.
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	6,721.
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	6,721.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,796.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,796.
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	196.
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	196.
33	Add lines 25d, 26, and 32. These are your total payments	33	9,992.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,271.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,271.
Direct deposit? See instructions.	b Routing number 3 2 2 2 7 1 6 2 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 7 9 5 0 2 8 1 8 7		
	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. (859) 878-7096 Email address SURYA.ROTTE@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 02/01/2022	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
SURYA ROTTE

Your social security number
641-51-3608

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
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	-12,970.
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	-12,970.

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

SURYA ROTTE

641-51-3608

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	SAIDABAD HYDERABAD TELANGANA IN 500059				
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	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
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		450.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,250.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		2,280.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		2,840.		
15	Supplies	15		3,250.		
16	Taxes	16				
17	Utilities.	17		3,800.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		13,420.		
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		-12,970.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(12,970.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		450.		
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		13,420.		
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	(12,970.)		
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				-12,970.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021



Oklahoma Individual Income Tax Declaration for Electronic Filing

2021
Form 511-EF

NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511-NR.

See instructions on Page 2 to determine if you are required to send Form 511-EF to the OTC.

Your first name and middle initial SURYA	Last name ROTTE	Your social security number 6 4 1 5 1 3 6 0 8	
If a joint return, spouse's first name and middle initial	Last name	Spouse's social security number	
Mailing address (number and street, including apartment number, rural route or PO Box) 700 NE 122ND ST 2201		Filing status <input type="text" value="1"/>	
City, State, ZIP OKLAHOMA CITY OK 73114		Total number of exemptions <input type="text" value="1"/>	

Part One - Tax Return Information (whole dollars only)

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511-NR, Line 7)	1	62723	00
2	Oklahoma Income Tax and Use Tax (511, Line 21 or 511-NR, Line 25)	2	0	00
3	Oklahoma Income Tax Payments and Credits (511, Line 32 or 511-NR, Line 33)	3		00
4	Refund (511, Line 37 or 511-NR, Line 38)	4	0	00
5	Balance Due (511, Line 42 or 511-NR, Line 43)	5		00

For a balance due return with an electronic payment, complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment, enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

Part Two - Declaration of Taxpayer

6a I consent that my refund be directly deposited as designated in the electronic portion of my 2021 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b I authorize the Oklahoma State 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 Oklahoma taxes owed on this return and/or a payment of estimated tax. 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.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2021 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

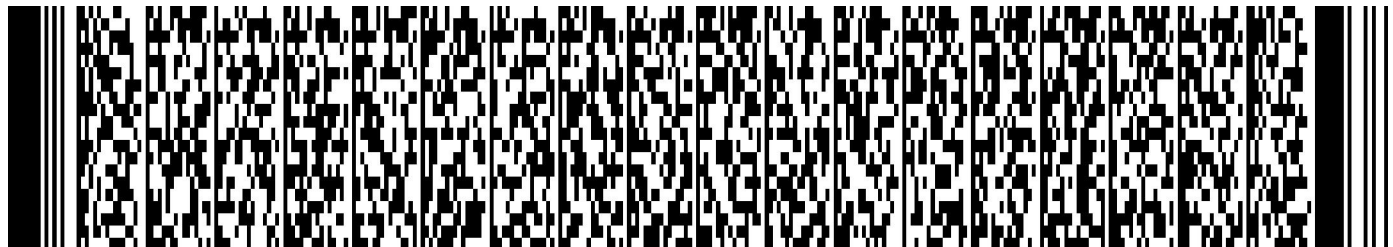
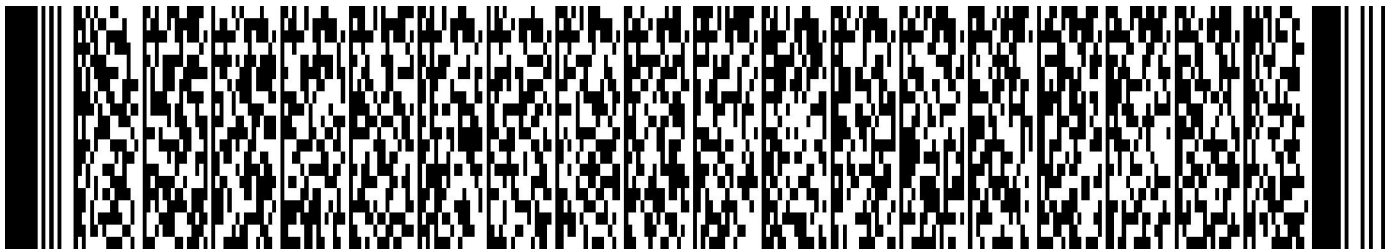
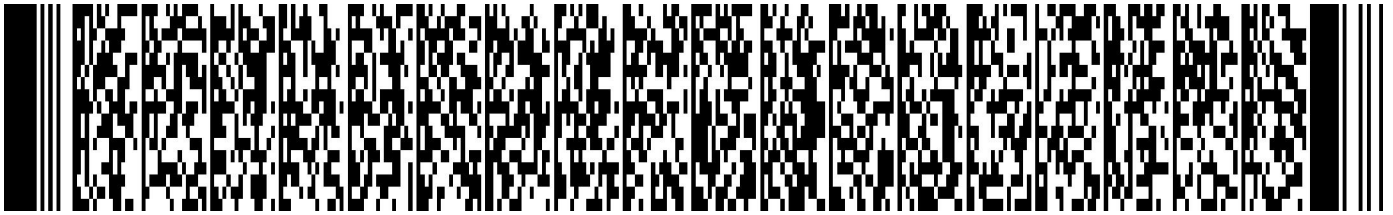
Sign Here: _____
Your Signature Date Spouse's Signature (If joint return, both must sign) Date

Part Three - Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare I have reviewed the above taxpayer's return and the entries on Form 511-EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511-EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511-EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use Only ERO or Paid Preparer's Signature	02/01/2022 Date	PTIN
Paid Preparer Use Only Paid Preparer Signature	02/01/2022 Date	P02082703 PTIN
Firm name (or yours if self-employed), SYAM PRIYA RAM SAGAR GUPTA TALLAM		
address and ZIP 2530 PEBBLE CREEK LN CUMMING GA 30041		
Phone number (678) 965-9522		

**FAILURE TO SUBMIT THIS PAGE
WILL DELAY PROCESSING OF YOUR RETURN**



Note: This is to be mailed with original return. Please DO NOT attach this sheet when filing the payment voucher, Form 511V.



Oklahoma Resident Income Tax Return

Your Social Security Number Place an 'X' in this box if this taxpayer is deceased

Spouse's Social Security Number (joint return only) Place an 'X' in this box if this taxpayer is deceased

AMENDED RETURN! Place an 'X' in this box if this is an amended 511. See Schedule 511-I.

Name and Address - Please Print or Type

Your first name	Middle initial	Last name	If a joint return, spouse's first name	Middle initial	Last name	
SURYA		ROTTE				
Mailing address (number and street, including apartment number, rural route or PO Box)			City	State	ZIP or Postal Code	Country
700 NE 122ND ST, APT. 2201			OKLAHOMA CITY	OK	73114	

Filing Status

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate
(If spouse is also filing, list name and SSN in the boxes)

Name	SSN
<input type="text"/>	<input type="text"/>

4 Head of household with qualifying person

5 Qualifying widow(er) with dependent child
• Please list the year spouse died in box at right:

*** Note:** If claiming **Special Exemption**, see instructions on page 9 of 511 Packet.

	Regular	* Special	Blind	
Exemptions	1	+	+	= 1 (a)
	0	+	+	
	Number of dependents			= (c)
	Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:			= 1

Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

Age 65 or Older? (Please see instructions) Yourself Spouse

PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME

Round to Nearest Whole Dollar

1	Federal adjusted gross income (from Federal 1040 or 1040-SR).....	1	62723.00
2	Oklahoma Subtractions (provide Schedule 511-A).....	2	.00
3	Line 1 minus line 2.....	3	62723.00
4	Out-of-state income, except wages. Describe (4a) (Provide Federal schedule with detailed description; see instructions)	4b	.00
5	Line 3 minus line 4b.....	5	62723.00
6	Oklahoma Additions (provide Schedule 511-B).....	6	.00
7	Oklahoma adjusted gross income (line 5 plus line 6)..... (If line 7 is different than line 1, provide a copy of your Federal return.)	7	62723.00

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS

8	Oklahoma Adjustments (provide Schedule 511-C).....	8	.00
9	Oklahoma income after adjustments (line 7 minus line 8).....	9	62723.00

STOP AND READ: If line 4b is zero, complete lines 10-11. If line 4b is more than zero, see Schedule 511-E and do not complete lines 10-11.



Name(s) shown on Form 511: SURYA ROTTE

Your Social Security Number: 641-51-3608

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS continued

Table with 3 columns: Line number, Description, Amount. Includes lines 10-14b. Line 10: 6350.00, Line 11: 1000.00, Line 12: 7350.00, Line 13: 55373.00, Line 14a: 2580.00, Line 14b: .00, Line 14: 2580.00.

STOP AND READ: If line 7 is equal to or larger than line 1, complete lines 15 and 16. If line 7 is smaller than line 1, complete Schedules 511-F and 511-G.

Table with 3 columns: Line number, Description, Amount. Includes lines 15-19. Line 15: .00, Line 16: .00, Line 17: 2580.00, Line 18: .00, Line 19: 0.00.

PART THREE: TAX, CREDITS AND PAYMENTS

Table with 3 columns: Line number, Description, Amount. Includes lines 20-29. Line 20: .00, Line 21: 0.00, Line 22: .00, Line 23: .00, Line 24: .00, Line 25: .00, Line 26: .00, Line 27: .00, Line 28: .00, Line 29: .00.



2021 Form 511 - Resident Income Tax Return - Page 3

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

Name(s) shown on Form 511: SURYA ROTTE

Your Social Security Number: 641-51-3608

PART THREE: TAX, CREDITS AND PAYMENTS contined

Table with 3 columns: Line number, Description, Amount. Rows 30-32: Payments and credits, Overpayment, Total payments and credits.

PART FOUR: REFUND

Table with 3 columns: Line number, Description, Amount. Rows 33-34: Overpayment, Amount of line 33 to be applied to 2022 estimated tax.

Schedule 511-H provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization from Schedule 511-H in the box below.

Table with 3 columns: Line number, Description, Amount. Rows 35-37: Donations from your refund, Total deductions from refund, Amount to be refunded to you.

Direct Deposit Note: Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card.

Is this refund going to or through an account that is located outside of the United States? Deposit my refund in my: checking account, savings account.

PART FIVE: AMOUNT YOU OWE

Table with 3 columns: Line number, Description, Amount. Rows 38-42: Tax due, Donation, Underpayment of estimated tax interest, Delinquent payment penalty, Total tax, donation, penalty and interest.

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief.

Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.

Taxpayer's signature, Date, occupation (SOFTWARE ENGINEER), Daytime Phone (optional).

Spouse's signature, Date, occupation, Daytime Phone (optional).

Paid Preparer's signature, Date (02/01/2022), address and phone number (678) 965-9522, CUMMING GA 30041, Paid Preparer's PTIN P02082703.

Do not staple documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800



State of Oklahoma
Credit for Tax Paid to Another State

FORM **511TX** 2021

Name(s) - as shown on Form 511 or Form 511NR SURYA ROTTE	Social Security Number(s) 641-51-3608
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If taxes were paid to more than one state, a separate 511TX must be provided for each state and a complete copy of the other state's return, including W-2s, must be provided.

Who Qualifies?

A resident taxpayer who receives income for personal services performed in another state must report the full amount of such income on the Oklahoma return (Form 511). If another state taxes this income, the resident may qualify for this credit.

A part-year resident who receives income from personal services performed in another state while an Oklahoma resident must report the full amount of such income in the "Oklahoma Amount" column of Form 511NR. If another state taxes this income, the part-year resident may qualify for this credit.

Who does not Qualify?

A nonresident taxpayer does not qualify for this credit.

A taxpayer who has claimed credit for taxes paid to another state on the other state's income tax return does not qualify to claim this credit based on the same income.

1	Income for personal services taxed by both the other state and also Oklahoma (See instructions on Page 2)	1	75693		
2	Oklahoma Adjusted Gross Income (Form 511, line 7 or Form 511NR, line 6)	2	62723		
3	Percentage Limitation (divide line 1 by line 2) (cannot exceed 100%)	3	100	%	
4	Oklahoma Income Tax (Form 511, line 14 or Form 511NR, line 19) (not amount withheld)	4	2580		
5	Limitation Amount (multiply line 4 by line 3)	5	2580		
6	Income Tax paid to <u>WI</u> (Include only the amount of the tax paid to another state that is attributable to the income from personal services reported on line 1. See example on Page 2. Do not use the withholding shown on your W-2 forms.)	6	3383		
7	Other state tax credit: enter the lesser of line 5 or line 6 here and on Form 511, line 17 or Form 511NR, line 21	7	2580		

Provide a complete copy of:

- The other state's return, including W-2s, or
- Form W-2G if the taxing state (e.g. Mississippi) does not allow a return to be filed for gambling winnings.

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2021, or other tax year beginning _____, 2021 ending _____, 20____.

Check here if this is an amended return

Complete form using BLACK INK

Note

DO NOT STAPLE

PAPER CLIP withholding statements here

Personal information fields: Your legal last name (ROTTE), Legal first name (SURYA), M.I., Your social security number (641513608), Spouse's legal last name, Spouse's legal first name, M.I., Spouse's social security number.

Home address (700 NE 122ND ST), Apt. no. (2201), City or post office (OKLAHOMA CITY), State (OK), Zip code (73114).

Foreign Country, Foreign province/state/country, Foreign postal code, Tax district information.

Filing status: [X] Single, [] Married filing joint return, [] Married filing separate return. Includes spouse's name and SSN fields.

Resident status: [] Full-year resident of Wisconsin, [X] Nonresident of Wisconsin; state of residence OK (2-letter state abbreviation), [] Part-year resident of Wisconsin from ____ to ____.



Note: Complete residence questionnaire, page 61.

PAPER CLIP check or money order here

Table with 4 columns: Income, NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows 1-16 detailing various income types and their federal/wisconsin tax treatment.

1-0501

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 26)	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 26)	.00	.00
19	Health savings account deduction (see page 26)	.00	.00
20	Moving expenses for members of the Armed Forces (see page 26)	.00	.00
21	Deductible part of self-employment tax (see page 27)	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 27)	.00	.00
23	Self-employed health insurance deduction (see page 28)	.00	.00
24	Penalty on early withdrawal of savings (see page 29)	.00	0.00
25	Alimony paid (see page 29)	.00	.00
26	IRA deduction (see page 29)	.00	.00
27	Student loan interest deduction (see page 30)	.00	.00
28	Other adjustments (see page 30). Enclose Schedule M if line 28b has an amount	.00	.00
29	Total adjustments to income. Add lines 17 through 28	.00	0.00
Adjusted Gross Income			
30	Wisconsin income. Subtract line 29, column B from line 16, column B		75693.00
31	Federal income. Subtract line 29, column A from line 16, column A	62723.00	
32	Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 31)		1.0000

Tax Computation

33	Fill in the larger of Wisconsin income from line 30, column B or federal income from line 31, column A. But , if Wisconsin income from line 30 is zero or less, fill in 0 (zero)	33	75693.00
34a	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 34c on page 31	34a	<input type="checkbox"/>
34b	Aliens (see page 31 to determine if you must check line 34b)	34b	<input type="checkbox"/>
34c	Find the standard deduction for amount on line 31 using table on page 50	34c	5608.00
35	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)	35	70085.00
36	Exemptions (Caution: see page 32)		
a	Fill in exemptions allowed <u>1</u> x \$700	36a	700.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u> </u> x \$250	36b	.00
c	Add lines 36a and 36b	36c	700.00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	69385.00
38	Tax (see table on page 52)	38	3383.00
39	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	39	0.00
40	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2021—heat included <u>.00</u> } Find credit from table page 35	40a	.00
	Rent paid in 2021—heat not included <u>.00</u> }		
b	Property taxes paid on home in 2021 <u>.00</u> } Find credit from table page 36	40b	.00
41	Add credits on lines 39, 40a, and 40b	41	0.00
42	Subtract line 41 from line 38. If line 41 is more than line 38, fill in 0 (zero)	42	3383.00
43	Fill in ratio from line 32	43	1.0000
44	Multiply line 42 by ratio on line 43	44	3383.00



Name(s) shown on Form 1NPR SURYA ROTTE		Your social security number 641513608
45	Fill in amount from line 44	45 3383.00
46	Working families tax credit. (Full-year Wisconsin residents only)	46 .00
47	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	47 .00
48	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	48 .00
49	Net income tax paid to another state. Enclose Schedule OS	49 .00
50	Add lines 46 through 49	50 .00
51	Subtract line 50 from line 45. If line 50 is more than line 45, fill in 0 (zero). This is your net tax	51 3383.00
52	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	52 .00
53	Donations (decreases refund or increases amount owed)	
a	Endangered resources .00	e Military family relief .00
b	Cancer research .00	f Second Harvest/Feeding Amer. .00
c	Veterans trust fund .00	g Red Cross WI Disaster Relief .00
d	Multiple sclerosis .00	h Special Olympics Wisconsin .00
	Total (add lines a through h) →	53i .00
54	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 40) $.00 \times .33 =$	54 .00
55	Other penalties (see page 41)	55 .00
56	Add lines 51 through 55	56 3383.00

Payments and Credits

57	Wisconsin income tax withheld. Enclose readable withholding statements	57 4473.00
58	2021 Wisconsin estimated tax paid and amount applied from 2020 return	58 .00
59	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="text"/> Federal credit $.00 \times \text{ } \% =$	59 .00
60	Farmland preservation credit. a. Schedule FC, line 17	60a .00
	b. Schedule FC-A, line 13	60b .00
61	Repayment credit	61 .00
62	Homestead credit. (Full-year Wisconsin residents only)	62 .00
63	Eligible veterans and surviving spouses property tax credit	63 .00
64	Refundable credits from Schedule CR, line 40	64 .00
65	AMENDED RETURN ONLY – amount previously paid (see page 46)	65 .00
66	Add lines 57 through 65	66 4473.00
67	AMENDED RETURN ONLY – amount previously refunded (see page 47)	67 .00
68	Subtract line 67 from line 66	68 4473.00

NOTE: You must use your 2021 earned income (see page 42).

Refund or Amount You Owe

69	If line 68 is more than line 56, subtract line 56 from line 68. This is the AMOUNT OVERPAID	69 1090.00
70	Amount of line 69 you want REFUNDED TO YOU	70 1090.00
71	Amount of line 69 to be APPLIED TO YOUR 2022 ESTIMATED TAX	71 0.00



72a	If line 68 is less than line 56, subtract line 68 from line 56 This is the AMOUNT YOU OWE 72a _____	.00
72b	Interest (see page 47)00
73	Underpayment interest. Fill in exception code – see Sch. U → _____	.00

Also include on line 72a (see page 48).

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 49)? **Yes** Complete the following. **No**

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

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Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here ▶ Your signature _____ Date _____ Wisconsin Identity Protection PIN (7 characters) _____

Sign here ▶ Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____ Wisconsin Identity Protection PIN (7 characters) _____

Mail your return to: Wisconsin Department of Revenue

(if tax is due)	(if refund or no tax due)
PO Box 268	PO Box 59
Madison WI 53790-0001	Madison WI 53785-0001

Schedule 1 – Wisconsin Itemized Deduction Credit (see line 39 instructions)

1	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions	1	.00
2	Interest paid from federal Schedule A (Form 1040). See instructions for exceptions	2	.00
3	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	300.00
4	Casualty losses from federal Schedule A (Form 1040)	4	.00
5	Add lines 1 through 4	5	300.00
6	Wisconsin standard deduction from Form 1NPR, line 34c	6	5608.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero)	7	0.00
8	Rate of credit is .05 (5%)	8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 39 of Form 1NPR	9	0.00

Schedule 2 – Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

	(A) YOURSELF	(B) YOUR SPOUSE		
1	Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2	1	.00	.00
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income included in column B on Form 1NPR	2	.00	.00
3	Combine lines 1 and 2. This is your total Wisconsin earned income	3	.00	.00
4	Add amounts on Form 1NPR, lines 18, 22, 26, and 28, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income	4	.00	.00
5	Subtract line 4 from line 3. This is your qualified earned income	5	.00	.00
6	Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000.	6	.00	.00
7	Rate of credit is .03 (3%).	7	x .03	
8	Multiply line 6 by line 7. Round the result and fill in here and on line 47 of Form 1NPR. Do not fill in more than \$480.	8	.00	.00

