

Part I – Personal Information

**Taxpayer:**  
 Last name . . . . . KODARI  
 First name . . . . . KALYAN  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 800-93-5082  
 Occupation . . . . . DEVOPS ENGINEER  
 Date of birth . . . . . 12/02/1995 (mm/dd/yyyy)  
 Age as of 1-1-2022 . . . . . 26  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . KALYANKODARI.KK@GMAIL.COM  
 Work phone . . . . . (708) 515-2339 Ext  
 Cell phone . . . . . (708) 515-2339  
 Home phone . . . . .  
 Fax number . . . . .

**Spouse:**  
 Last name (if different) . . . . .  
 First name . . . . .  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . .  
 Occupation . . . . .  
 Date of birth . . . . . (mm/dd/yyyy)  
 Age as of 1-1-2022 . . . . .  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . .  
 Work phone . . . . . Ext  
 Cell phone . . . . .  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer work phone (708) 515-2339  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work  
 Print Form 1040-SR instead of Form 1040 . . . . .  Yes  No

**US Address:**  
 Address . . . . . 2113 BOYNTON ST Apt no. . . . .  
 City . . . . . CHARLOTTE State . . . . . NC ZIP code . . . . . 28269  
**Foreign Address:** Check this box to use foreign address . . .   
 Address . . . . . Apt no. . . . .  
 City . . . . .  
 Foreign code . . . . . Foreign country . . . . .  
 Foreign province/country . . . . . Foreign postal code . . . . .  
 Foreign phone . . . . .  
 APO/FPO/DPO address . .  APO  FPO  DPO

Part II – Federal Filing Status

**1** Single  
 **2** Married filing jointly  
 **3** Married filing separately  
 Taxpayer did **not** live with spouse at any time during year  
 Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)  
 **4** Head of household  
 If qualifying person is child but not dependent:  
 Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_  
 Child's social security number . . . . .  
 **5** Qualifying widow(er)  
 Year spouse died  2019  2020  
 Enter the qualifying person's name:  
 Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_  
 Child's social security number . . . . .

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

| First name<br>Last name | MI<br>Suff | Social security<br>number<br>*Relationship | Date of birth<br>(mm/dd/yyyy)<br><br>Date of death<br>(mm/dd/yyyy)** | A<br>G<br>E<br><br>E<br>I<br>C | Dependent<br>Identity<br>Protection PIN<br>(see tax help) |                                | Qualified<br>child/dep<br>care exps<br>incurred<br>and paid<br>2021<br><br>Code | Not<br>qual<br>credit<br>other<br>dep<br><br>Not qual<br>for child<br>tax credit<br>Or non<br>U.S.*** |
|-------------------------|------------|--|--|--------------------------------|---|--------------------------------|---|---|
|                         |            |  |  |                                | Lived<br>with<br>taxpyr<br>in<br>U.S.                     | Educ<br>Tuition<br>and<br>Fees |   |   |
| -----                   | -----      | -----                                      | -----  | -----                          |   |                                | -----   |   |
| -----                   | -----      | -----                                      | -----  | -----                          |   |                                | -----   |   |
| -----                   | -----      | -----                                      | -----  | -----                          |   |                                | -----   |   |
| -----                   | -----      | -----                                      | -----  | -----                          |   |                                | -----   |   |
| -----                   | -----      | -----                                      | -----  | -----                          |   |                                | -----   |   |

\* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help  
 \*\* **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

**Part VI – Electronic Filing of Tax Return Information - Continued**

**Electronic Filing of Estimated Payments:**

Check this box to file state estimated payments electronically (CA, NJ, NY, NYC UBT and TNC SMLLC)  
\* Select the estimated quarterly payment to file electronically. (Multiple quarters can be entered)

|           |
|-----------|
| State(s)* |
|           |
|           |
|           |
|           |

**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here . . . . ▶ \_\_\_\_\_  
If the IRS sent the spouse an Identity Protection PIN, enter it here . . . . ▶ \_\_\_\_\_

**Practitioner PIN Program:**

Sign return electronically using Practitioner PIN

**Choose one:**

- Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
- Taxpayer(s) entered own PIN(s)
- Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). . . . . 35082

Spouse's PIN filing a joint return (enter any 5 numbers) . . . .           

Date PIN entered. . . . . 01/25/2022

**Part VII – Electronic Filing of Extension and Amended Return Information**

**Federal Extension:**

File **Form 4868** (application for extension of time to file return) electronically

For **electronic funds withdrawal** of amount paid with Form 4868, go to **Part IX**

**State and City Extensions:**

File state or city extension(s) electronically  
Select extensions to file electronically:

|          |
|----------|
| State(s) |
|          |
|          |
|          |
|          |

**Federal Amended Returns:**

- File federal **amended** return electronically
- Check if original federal return was successfully e-filed (see help)

**State Amended Returns:**

File state **amended** return(s) electronically  
Select state amended return(s) to file electronically:

|          |
|----------|
| State(s) |
|          |
|          |
|          |
|          |

**Part XI – Part-Year and Nonresident State Return Filing Information Only**

Caution: You do **not** need to enter any State information below unless a part-year or nonresident tax return must be filed or the state listed in Part I has changed since 12/31/2021.

**State of residence** as of 12/31/2021 . ▶ NC

- Full-year resident
- Part-year resident

**If part-year resident**, date residence established . . . \_\_\_\_\_  
 Former state of residence . . . . . \_\_\_\_\_

**Nonresident State Filers:** Taxpayer needs to file nonresident state return(s) in **2021**  
 Enter nonresident state(s ) ID below:

| State | Residency Status   | Dates of Residency (Part-Year Residents only) |                       |
|-------|--------------------|---|-----------------------|
|       |                    | Taxpayer                                      | Spouse (if different) |
| NC    | Full-Year Resident | _____ To _____                                | _____ To _____        |
| GA    | Nonresident        | _____ To _____                                | _____ To _____        |
| _____ | _____              | _____ To _____                                | _____ To _____        |
| _____ | _____              | _____ To _____                                | _____ To _____        |

**Part XII– Client Letter Information**

Taxpayer's first name salutation . . . . . \_\_\_\_\_  
 Spouse's first name salutation . . . . . \_\_\_\_\_  
 Primary state I.D. . . . . \_\_\_\_\_

**Multiple State Client Letter** - Excluded State(s)/City Return Information:  
 Enter in table state/city returns you **do not** want to appear in taxpayer and recipient letters. Enter two character state postal code for state returns and three character city code for city returns. (See Help)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_