

**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 VENKATA RAGHAVA RAJU		Last name BHUPATHIRAJU		Your social security number 813-44-2840	
If joint return, spouse's first name and middle initial SRAVYA		Last name KAKARLAPUDI		Spouse's social security number APPLIED FOR	
Home address (number and street). If you have a P.O. box, see instructions. 6115 ABERCORN AVE				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. ATLANTA			State GA	ZIP code 30346	
Foreign country name		Foreign province/state/county		Foreign postal code	

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(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	
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b> 56,246.
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
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 Standard Deduction, see instructions.	<b>3a</b> Qualified dividends . . . . .	<b>3a</b> 10.	<b>3b</b> 10.
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>4b</b>
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	<b>5b</b>
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	<b>6b</b>
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		<b>7</b> 223.
	<b>8</b> Other income from Schedule 1, line 10 . . . . .		<b>8</b>
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		<b>9</b> 56,479.
	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .		<b>10</b>
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		<b>11</b> 56,479.
	<b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b> 25,100.	
	<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	
	<b>c</b> Add lines 12a and 12b . . . . .		<b>12c</b> 25,100.
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .		<b>13</b>
	<b>14</b> Add lines 12c and 13 . . . . .		<b>14</b> 25,100.
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b> 31,379.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	3,361.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	3,361.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	3,361.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	3,361.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	4,522.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	4,522.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (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 claim the EIC. See instructions <input type="checkbox"/>	<b>27a</b>	
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	11.
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	11.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	4,533.
<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	1,172.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	1,172.
<b>b</b>	Routing number 211391825 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 6224432		
<b>36</b>	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>37</b>	<b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

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

**Refund**

Direct deposit? See instructions.

**Amount You Owe**

**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.

Joint return? See instructions. Keep a copy for your records.

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

Phone no. (571) 697-8355 Email address RAJUVISHNU2003@GMAIL.COM

**Paid Preparer Use Only**

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

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return: **V BHUPATHIRAJU & S KAKARLAPUDI** Your social security number: **813-44-2840**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	5,135.	4,954.		181.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 181.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	300.	258.		42.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> 42.

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	223.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?  <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.  <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.   <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b> ( )	
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?   <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.   <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return: **V BHUPATHIRAJU & S KAKARLAPUDI** Social security number or taxpayer identification number: **813-44-2840**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	10/09/21	01/11/21	5,135.	4,954.			181.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►					5,135.	4,954.		181.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

**Social security number or taxpayer identification number**

V BHUPATHIRAJU & S KAKARLAPUDI

813-44-2840

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	08/31/20	11/02/21	300.	258.			42.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ►				300.	258.			42.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

# Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ For use by individuals who are not U.S. citizens or permanent residents.  
▶ See separate instructions.

**An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.**

Application type (check one box):  
 Apply for a new ITIN  
 Renew an existing ITIN

**Before you begin:**

• **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**

**Reason you're submitting Form W-7.** Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a  Nonresident alien required to get an ITIN to claim tax treaty benefit
- b  Nonresident alien filing a U.S. federal tax return
- c  U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d  Dependent of U.S. citizen/resident alien } If **d**, enter relationship to U.S. citizen/resident alien (see instructions) ▶ \_\_\_\_\_
- e  Spouse of U.S. citizen/resident alien } If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ \_\_\_\_\_  
 VENKATA RAGHAVA RAJU BHUPATHIRAJU 813-44-2840
- f  Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g  Dependent/spouse of a nonresident alien holding a U.S. visa
- h  Other (see instructions) ▶ \_\_\_\_\_

Additional information for **a** and **f**: Enter treaty country ▶ \_\_\_\_\_ and treaty article number ▶ \_\_\_\_\_

<b>Name</b> (see instructions) Name at birth if different . . ▶	<b>1a</b> First name SRAVYA	Middle name	Last name KAKARLAPUDI
	<b>1b</b> First name	Middle name	Last name

**Applicant's Mailing Address**

**2** Street address, apartment number, or rural route number. **If you have a P.O. box, see separate instructions.**  
 6115 ABERCORN AVE

City or town, state or province, and country. Include ZIP code or postal code where appropriate.  
 ATLANTA GA USA 30346

**Foreign (non-U.S.) Address**  
(see instructions)

**3** Street address, apartment number, or rural route number. **Don't use a P.O. box number.**

City or town, state or province, and country. Include postal code where appropriate.

**Birth Information**

**4** Date of birth (month / day / year) 09/16/1992 Country of birth INDIA City and state or province (optional) **5**  Male  Female

**Other Information**

**6a** Country(ies) of citizenship INDIA **6b** Foreign tax I.D. number (if any) **6c** Type of U.S. visa (if any), number, and expiration date

**6d** Identification document(s) submitted (see instructions)  Passport  Driver's license/State I.D.  
 USCIS documentation  Other \_\_\_\_\_ Date of entry into the United States (MM/DD/YYYY): 05/04/2021  
 Issued by: INDIA No.: K5695946 Exp. date: 07/05/2022

**6e** Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?  
 **No/Don't know.** Skip line 6f.  
 **Yes.** Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

**6f** Enter ITIN and/or IRSN ▶ **ITIN** \_\_\_\_\_ **IRSN** \_\_\_\_\_ and name under which it was issued ▶ \_\_\_\_\_  
 First name Middle name Last name

**6g** Name of college/university or company (see instructions) ▶ \_\_\_\_\_  
 City and state ▶ \_\_\_\_\_ Length of stay ▶ \_\_\_\_\_

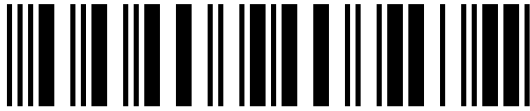
**Sign Here**  
Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Keep a copy for your records.

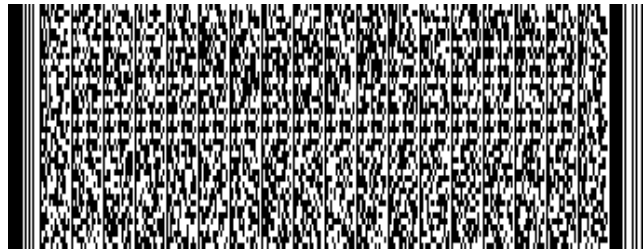
Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney

**Acceptance Agent's Use ONLY**

Signature	Date (month / day / year)	Phone
Name and title (type or print)	Name of company	Fax
	EIN	PTIN
	Office code	



2200411513



# Georgia Form 500 (Rev. 08/02/21)

Individual Income Tax Return

Georgia Department of Revenue

**2021** (Approved software version)

## Page 1

Fiscal Year  
Beginning

STATE  
ISSUED

Fiscal Year  
Ending

YOUR DRIVER'S  
LICENSE/STATE ID

YOUR FIRST NAME

1. VENKATA RAGHAVA

MI

YOUR SOCIAL SECURITY NUMBER

813-44-2840

LAST NAME (For Name Change See IT-511 Tax Booklet)

BHUPATHIRAJU

SUFFIX

SPOUSE'S FIRST NAME

SRAVYA

MI

SPOUSE'S SOCIAL SECURITY NUMBER

999-99-9999

LAST NAME

KAKARLAPUDI

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)

CHECK IF ADDRESS HAS CHANGED

2. 6115 ABERCORN AVE

CITY (Please insert a space if the city has multiple names)

3. ATLANTA

STATE

GA

ZIP CODE

30346

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... **4. 1**

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT

TO

3. NONRESIDENT

**Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.**

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... **5. B**

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself  6b. Spouse  6c. **2**

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... **7a.**

### PAGES (1-5) ARE REQUIRED FOR PROCESSING

REV 02/16/22 PRO





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**YOUR SOCIAL SECURITY NUMBER**  
813-44-2840

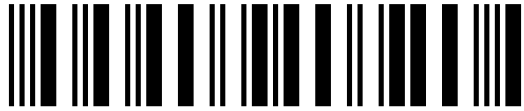
7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>
<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>
<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>
<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040).....	8.	56479
<b>(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.</b>		
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) .....	9.	
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....	10.	56479
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	6000
<b>(See IT-511 Tax Booklet)</b>		
b. Self: 65 or over?      Blind?      Total      x 1,300=.....	11b.	
Spouse: 65 or over?      Blind?		
c. Total Standard Deduction (Line 11a + Line 11b).....	11c.	6000
<b>Use EITHER Line 11c OR Line 12c (Do not write on both lines)</b>		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, <b>you must include Federal Schedule A.</b>		
a. Federal Itemized Deductions (Schedule A- Form 1040).....	12a.	
b. Less adjustments: (See IT-511 Tax Booklet) .....	12b.	
c. Georgia Total Itemized Deductions.....	12c.	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	13.	50479



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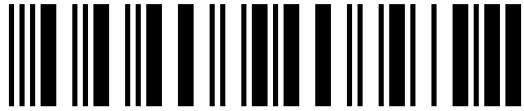
14a. Enter the number from Line 6c. <b>2</b> Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	7400
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total .....	14c.	7400
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	43079
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)....	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b).....	15c.	43079
16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet) .....	16.	2242
17. Low Income Credit	17a. 17b. ....	17c.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return) .....	18.	
19. Credits used from IND-CR Summary Worksheet .....	19.	
20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....	22.	2242

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)			(INCOME STATEMENT B)			(INCOME STATEMENT C)		
1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:		
X W-2	G2-A	G2-LP	W-2	G2-A	G2-LP	W-2	G2-A	G2-LP
1099	G2-FL	G2-RP	1099	G2-FL	G2-RP	1099	G2-FL	G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN			2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		
474115098								
3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID		
3301484NC								
4. GA WAGES / INCOME			4. GA WAGES / INCOME			4. GA WAGES / INCOME		
56246								
5. GA TAX WITHHELD			5. GA TAX WITHHELD			5. GA TAX WITHHELD		
2848								

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

**PAGES (1-5) ARE REQUIRED FOR PROCESSING**



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**Page 4**

**(INCOME STATEMENT D)**

1. WITHHOLDING TYPE:  
     W-2      G2-A      G2-LP  
     1099      G2-FL      G2-RP
2. EMPLOYER/PAYER FEDERAL  
    ID NUMBER (FEIN)      SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

**(INCOME STATEMENT E)**

1. WITHHOLDING TYPE:  
     W-2      G2-A      G2-LP  
     1099      G2-FL      G2-RP
2. EMPLOYER/PAYER FEDERAL  
    ID NUMBER (FEIN)      SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

**(INCOME STATEMENT F)**

1. WITHHOLDING TYPE:  
     W-2      G2-A      G2-LP  
     1099      G2-FL      G2-RP
2. EMPLOYER/PAYER FEDERAL  
    ID NUMBER (FEIN)      SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

23. Georgia Income Tax Withheld on Wages and 1099s .....	23.	2848
(Enter Tax Withheld Only and include W-2s and/or 1099s)		
24. Other Georgia Income Tax Withheld.....	24.	
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)		
25. Estimated Tax paid for 2021 and Form IT-560 .....	25.	
26. Schedule 2B Refundable Tax Credits.....	26.	
(Cannot be claimed unless filed electronically)		
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.	2848
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.	
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment .....	29.	606
30. Amount to be credited to 2022 ESTIMATED TAX .....	30.	0
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.	
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.	
33. Georgia Cancer Research Fund (No gift of less than \$1.00) .....	33.	
34. Georgia Land Conservation Program (No gift of less than \$1.00).....	34.	
35. Georgia National Guard Foundation (No gift of less than \$1.00) .....	35.	
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	36.	
37. Saving the Cure Fund (No gift of less than \$1.00).....	37.	
38. Realizing Educational Achievement Can Happen (REACH) Program .....	38.	
(No gift of less than \$1.00)		



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Page 5

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
- 41. (If you owe) Add Lines 28, 31 thru 40 41.  
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE..

Amount Due Mail To:  
 GEORGIA DEPARTMENT OF REVENUE  
 PROCESSING CENTER, PO BOX 740399  
 ATLANTA, GA 30374-0399

- 42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29  
 THIS IS YOUR REFUND..... 42. 606  
 If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking  Savings  
 Routing Number 211391825  
 Account Number 6224432

Refund Due Mail To:  
 GEORGIA DEPARTMENT OF REVENUE  
 PROCESSING CENTER, PO BOX 740380  
 ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.  
 I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number  
571-697-8355

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
 Signature of Preparer  
 Name of Preparer Other Than Taxpayer  
 SYAM PRIYA RAM SAGAR GUPT

Preparer's Phone Number  
678-965-9522

Preparer's FEIN  
30-1017196

Preparer's Firm Name  
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN  
P02082703