## **IRS e-file Signature Authorization**

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Social accurity number

Submission Identification Number (SID)

Taypayar'a nama

l axpayer s name	Social security number
LALITHYA CHILLA	051-67-9194
Spouse's name	Spouse's social security number
PRASHANTH KALLEPU	829-81-1198
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.	
<b>1</b> Adjusted gross income	<b>1</b> 83,006.
<b>2</b> Total tax	<b>2</b> 4,481.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 14,866.
4 Amount you want refunded to you	<b>4</b> 13,185.
<b>5</b> Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and I	keep a copy of your return)

Under penalties of periury. 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

$\frown$	raumonze	GLUBAL	IAAES	ERO firm name	to enter or generate my PIN	E
$\mathbf{\nabla}$	l authorize	CTORAT	TAVEC	TTC	to optor or gonorate my DIN	

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9 8

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Enter five digits, but don't enter all zeros

1 1 my

as mv

signature on the income tax return (original or amended) I am now authorizing.

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 🕨

### Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

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 🕨	Da	te 🕨	•						
	N Method Returns Only—continue	belo	w						
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		8 nter a		9	8	9

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 🕨								
Don	ERO Must Retain This Form — Se Submit This Form to the IRS Unless									
Fee Demonstructure Destructions Act Notice										

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/24/22 PRO

Date

to enter or generate my PIN

Deduction for-       7         • Single or Married filing separately, \$12,550       7         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8         • Married filing jointly or Qualifying widow(er), \$25,100       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9         10       Adjustments to income from Schedule 1, line 26       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11         8       Standard deduction or itemized deductions (from Schedule A)       12a         9       600.         600.       12b         600.       12c         25,700.	<b>104</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		<sup>(99)</sup> 20	21	OMB No. 1	545-00	)74 IRS Use	Only-	-Do not w	vrite or staple	in this space.
LALITHYA       CHILLA       051-67-9194         If join return, spouse's first name and middle initial       Last name       Spouse's social security number 23.9-61-119.8         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         13614       LEGACY CIRCLE       Check here if you, or your       Spouse's fing jointy, vant 33 to go to this fund. Checking a box below will not change you tax or refund.       Presidential Election Campaign         City, tow, or post office. If you have a foreign address, also complete spaces below.       State       20171       box below will not change you tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       you tax or refund.       You 's Spouse         Standard       Someone can claim:       You as a dependent       You repouse as a dependent       You 's Spouse       No         Dependents       (e) instructions):       (f) First name       Last name       (g) Social security       (g) Relationship       (f) I 'r qualifies for fee instructions):         freere       (f) Wages, salaries, tips, etc. Attach Form(g) W-2       b Taxable amount.       4b       5b         Standard       Ge instructions):       1       90, 465.       2b       7         freering individends       3a       b Taxable amount.	Check only	lf yo	u checked the MFS box, enter the n	ame of y					``	<i>,</i> -		, ,	. , . ,
H joint return, spouse's first name and middle initial       Last name       Spouse's social security number         PRASIANTH       KALLEFU       829-81-1138         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Pre- social security number         13614       LEGACY CIRCLE       Processor       Chy. town, or post office. If you have a foreign address, also complete spaces below.       VA       20171       box below will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       You       Spouse         Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Dependents       Gea Instructions:       (1) First name       Last name       Is blind         Dependents       Gea Instructions:       (2) Social security       (3) Relationship       (4) If utilities for Gea Instructions;         If more find chirds       Instructions:       1       90, 465.       2b         Attach       Tax-exempt interest .       2a       b       Taxable amount .       5b         Someore an annuities .       5a       b       Taxable amount .       5b       5b         Someore can claim:       You as a dependent inumber       10 90, 465.       2b <td< td=""><td>Your first name</td><td>e and mi</td><td>ddle initial</td><td>Last nar</td><td>me</td><td></td><td></td><td></td><td></td><td></td><td>Your so</td><td>cial securi</td><td>ty number</td></td<>	Your first name	e and mi	ddle initial	Last nar	me						Your so	cial securi	ty number
PRASHANTH       KALLEPU       829-81-1198         Home address (number and street), if you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         13614       LEGACY CIRCLE       F       Check here if you, or your spouse if filing jointly, want S3         HERNDON       VA       20171       spouse if filing jointly, want S3         Foreign country name       Foreign province/state/county       Foreign postal code       you       spouse if filing jointly, want S3         Foreign country name       Foreign province/state/county       Foreign postal code       You       Spouse         Standard       Someone can claim:       You as da poendent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness You:       Were born before January 2, 1957       Is blind         Dependents       (a) First name       Last name       (a) Social security       (b) You       Chid as credit Credit for other dependents         see instructions	LALITHY.	A		CHIL	LA						051-	67-919	4
Home address (rumber and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here if you, or your you zot office.         13614       LEGACY CIRCLE       Presidential Election Campaign Check here if you, or your you zot office.       Presidential Election Campaign Check here if you, or your you zot office.         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign postal code         Foreign country name       Foreign province/state/county       Foreign postal code       you zot xor or effund.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       You spouse         Dependents       See instructions):       (1) First name       (2) Social security       (3) Relationship       (4) ✔ If qualifies for (see instructions):         If more       (1) First name       Last name       number       to you       (1) ✔ If qualifies for (see instructions):         If and check	If joint return, s	spouse's	first name and middle initial	Last nar	me						Spouse	's social se	curity number
13614       LEGACY_CIRCLE       F       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZP code       by ours if Sa pouse if filling jointly, wart \$3 to go to this fund. Checking a box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       Yu a spouse if filling jointly, wart \$3 to go to this fund. Checking a box below will not change         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         Decluction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You:       You         Age/Blindness       You:       Ware born before January 2, 1957       Are bind       Spouse:       Was born before January 2, 1957       Is blind         Dependents, see instructions):       (1) First name       Last name       Immediate	PRASHAN	ΤН		KALL	EPU						829-	81-119	8
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Construction       Gate       Chr Code       Lar Code       to go to this fund. Checking a box below will not change box	13614 L	EGAC	Y CIRCLE						F		Check	here if you,	, or your
HERNDON       VA       20171       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       Soneone can claim:       You as a dependent       Your spouse as a dependent         Deduction       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):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more       (1) First name       Last name       Immber	City, town, or p	post offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	Z	IP code				
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At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If i qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If i qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If i qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If i qualifies for (see instructions):         If and check       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If i qualifies for (see instructions):         If a dictributions       2a       Ist avable amount       1       90, 465.         Standard Deduction for-	Foreign countr	y name		F	oreign province/st	ate/count	ty	F	oreign postal co				0
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         If more dependents, see instructions       Image: Salaries, tips, etc. Attach Form(s) W-2       Image: Salaries, tips, etc. Attach Form(s)	0				0				<u>.</u>			You	Spouse
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1957       A re blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         Attach       Child tax credit       Credit for other dependents       (1) First name       Last name       (1) First name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):         and check       (1)       Wages, salaries, tips, etc. Attach Form(s) W-2       (1)       (2) Output       (2)         Attach       2a       D       Taxable interest       2b       2b         Standard       Deduction for       6a       Social security benefits       6a       b       Taxable amount       6b         Standard       Deduction for       6a       Social security benefits       6a       b       Taxable amount       6b         Standard       Odeductin for	At any time du	uring 20	21, did you receive, sell, exchange,	or othe	rwise dispose of	any fina	ancial intere	est in a	any virtual cu	irren	cy?	Yes	X No
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Age/Bindness       You:       Ware born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship       (4) ✔ if qualifies for (see instructions):         If more than four dependents, see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other         Ba       Q					— ·		•						
Dependents       (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       Image: Child tax credit credit for other dependents         see instructions       Image: Child tax credit       Credit for other dependents         see instructions       Image: Child tax credit       Credit for other dependents         see instructions       Image: Child tax credit       Credit for other dependents         see instructions       Image: Child tax credit       Credit for other dependents         and check       Image: Child tax credit       Image: Child tax credit       Credit for other dependents         see instructions       Image: Child tax credit       Image: Child tax credit       Image: Child tax credit       Credit for other dependents         see instructions       Image: Child tax credit       Image: Child						_	_			_			
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here   Attach   Sch. B if   ag   Qualified dividends   sch. B if   required.   4a   Ba   Qualified dividends   4a   Ba   Qualified dividends   4a   Ba   9   9   8   Cher income from Schedule 1, line 10   9   8   9   Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   10   11   8   9   8   9    8    9    8    11    8    9    8    11    8    9    8    10    11    8    9    8    9    8    9    8    11    8    9    8    10   11   8    9    10   11   8    9    9    9   8    10   11    8    9    9    9    9    9    11  <		IS ——								<u> </u>			<u> </u>
Attach       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       90, 465.         Attach       2a       b       Tax-exempt interest       2a       2b         Sch. B if       3a       Qualified dividends       3a       2b       2b         Attach       3a       Qualified dividends       3b       2b       3b         Attach       3a       Ualified dividends       3b       3b       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       6a       Social security benefits       6a       b       Taxable amount       5b         Married filing separately, signerately, signer, signer, signer, signer, signer, signer, signer, signer													<u> </u>
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Sch. B if required.       2a       Calified dividends       2a       2a       2a       3a       3b         Sch. B if required.       3a       Qualified dividends       3a       3b       3b       3b         Married filing separately, stages filing separately, stages filing widew(ef), stages filing separately, st	A++  -	1	Wages, salaries, tips, etc. Attach F	<sup>:</sup> orm(s) V	N-2						1		90,465.
required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here                7            8       Other income from Schedule 1, line 10                7               8               7,459          9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income              10               10               10          10       Adjustments to income from Schedule 1, line 26               10               11               83,006               11               83,006               11               83,006            • Head of household, \$18,800                Charitable contributions if you take th		2a	Tax-exempt interest	2a		b T	axable inte	rest			2b	•	
4a IRA distributions 4a   5a Pensions and annuities   5a Pensions and annuities   5a Pensions and annuities   5a Pensions and annuities   6a Social security benefits   6a Capital gain or (loss). Attach Schedule D if required. If not required, check here   7 Single or   8 Other income from Schedule 1, line 10   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 Add justments to income from Schedule 1, line 26   10 Subtract line 10 from line 9. This is your adjusted gross income   11 83,006.   12a Standard deduction or itemized deductions (from Schedule A)   12a Standard deduction or itemized deduction (see instructions)   12b 600.   13 Qualified business income deduction from Form 8995 or Form 8995-A   14 Add lines 12c and 13   15 Taxable income		<u>3a</u>	Qualified dividends	3a		b C	ordinary div	idend	s		3b	)	
Standard Deduction for -       6a       Social security benefits		) 4a	IRA distributions	4a		b T	axable am	ount.			4b	)	
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Single or Married filing separately, \$12,550       8       Other income from Schedule 1, line 10       8       -7,459.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       83,006.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       83,006.       10       Subtract line 10 from line 9. This is your adjusted gross income       11       83,006.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.       11         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       600.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,700.         14       Add lines 12c and 13       14       25,700.       15       57,306		5a	Pensions and annuities	5a		b T	axable am	ount.			5b	)	
<ul> <li>Single or Married filing separately, \$12,550</li> <li>Married filing jointy or Qualifying widow(er), \$25,100</li> <li>Head of household, \$18,800</li> <li>Hyou checked any box under Standard</li> <li>Capital gain or (loss). Attach Schedule D if required, the of required, check here</li> <li>Other income from Schedule 1, line 10</li> <li>In the income from Schedule 1, line 10</li> <li>In the income from Schedule 1, line 10</li> <li>In the income from Schedule 1, line 26</li> <li>In the income from</li></ul>	Standard	6a	Social security benefits	6a		b T	axable am	ount.			6b	)	
Married filing separately, \$12,550       8       -7,459.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       83,006.         • Married filing jointly or Qualifying widow(er), \$25,100       10       9       83,006.         11       83,006.       10         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         13       Qualified business income deduction from Form 8995 or Form 8995-A       12c       25,700.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13a         14       25,700.       14       25,700.         15       Taxable income       11       57,306		7	Capital gain or (loss). Attach Schee	dule D if	required. If not	required	, check hei	re.			7		
\$12,550       9       Add lines 1, 25, 30, 40, 50, 60, 7, and 8. This is your total income       9       83,006.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         • Married filing jointly or Qualifying widow(er), \$25,100       12       Standard deduction or itemized deductions (from Schedule A)       11       83,006.         • Head of household, \$18,800       •       600.       12       25,100.       12         • Head of household, \$18,800       •       •       12       25,700.       12         • Head of household, \$18,800       •       •       12       25,700.       12         • Head of household, \$18,800       •       •       12       25,700.       13         • Head of household, \$18,800       •       •       12       25,700.       13         • Head of standard       •       •       •       •       14       25,700.         • If you checked any box under Standard       •       •       •       •       •       13         • Add lines 12c and 13       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •       •	Married filing	8	Other income from Schedule 1, line	e10 .							8		
jointly or Qualifying widow(er), \$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       1       83,006.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.       12a         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.       12b         600.       b       Charitable contributions if you take the standard deduction (see instructions)       12b       600.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13a         14       25,700.       14       25,700.         15       Taxable income       Subtract line 14 from line 11 lf zero or less enter -0-       15       57,306		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your <b>total</b>	income				. 🕨	• 9		83,006.
Qualifying widow(er), \$25,100       12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100         Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       600         If you checked any box under Standard       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       25,700         If you checked any box under Standard       14       25,700       13       14       25,700         If you checked any box under Standard       14       25,700       13       14       25,700         If you checked any box under Standard       15       Taxable income       Subtract line 14 from line 11       If zero or less enter -0-       15       57,306	Married filing	10	Adjustments to income from Sche	dule 1, li	ine 26						10	)	
\$25,100       12a       Standard deduction of itemized deductions (norm schedule A)       12a       2.5,100         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       600.         • Head of household, \$18,800       •       Add lines 12a and 12b       •       •       12c       25,700.         • If you checked any box under Standard       14       Add lines 12c and 13       •       •       13         14       Add lines 12c and 13       •       •       •       14       25,700.         15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0-       15       57,306	Qualifying	11	Subtract line 10 from line 9. This is	your ad	djusted gross in	come		• •		. 🕨	► <u>11</u>		83,006.
<ul> <li>Head of household, \$18,800</li> <li>If you checked any box under Standard</li> <li>Add lines 12c and 12b</li></ul>		_12a	Standard deduction or itemized	deducti	i <b>ons</b> (from Sched	dule A)		12a	25,	100	).		
\$18,800       C       Add lines 12a and 12b       12c       25,700.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12c and 13       14       25,700.       14       25,700.         15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0-       15       57,306	<ul> <li>Head of</li> </ul>	b	Charitable contributions if you take	the stan	dard deduction (	see instr	uctions)	12b		600			
• If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12c and 13       14       25,700.         Deduction, Deduction,       15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0-       15       57,306		с	Add lines 12a and 12b								12	c .	25,700.
Standard         14         Add lines 12c and 13         14         25,700.           Deduction,         15         Taxable income         Subtract line 14 from line 11. If zero or less enter -0-         15         57,306	<ul> <li>If you checked</li> </ul>	13	Qualified business income deducti	on from	Form 8995 or F	orm 899	5-A				13	;	
	Standard	14										, <u> </u>	25,700.
		15	Taxable income. Subtract line 14	from line	e 11. If zero or le	ess, ente	r-0				15	;	57,306.

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	6,481.
	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	6,481.
	19	Nonrefundable child tax crec	lit or credit for c	other depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, line	e8					20	2,000.
	21	Add lines 19 and 20						21	2,000.
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	4,481.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				. 🕨	24	4,481.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				<b>25a</b> 14	,866.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c						25d	14,866.
If you have a	26	2021 estimated tax payment			37			26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a			
		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least ag							
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco							
	28	Refundable child tax credit or		·	Schedule 8812	28			
	29	American opportunity credit				29		1	
	30	Recovery rebate credit. See		-			,800.	1	
	31	Amount from Schedule 3, line				31	,	1	
	32	Add lines 27a and 28 through					lits 🕨	32	2,800.
	33	Add lines 25d, 26, and 32. Th		•				33	17,666.
Defined	34	If line 33 is more than line 24						34	13,185.
Refund	35a	Amount of line 34 you want r				•		35a	13,185.
Direct deposit?	►b	Routing number 0 2 1					Savings		
See instructions.	►d	Account number 3 8 1	0 4 1 8	1 2 5 0			Ū		
	36	Amount of line 34 you want a	pplied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another				? See			
Designee		structions	•				omplete b	elow.	X No
		signee's		Phone			onal identif		
		ne 🕨		no. 🕨			ber (PIN) 🕨		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and comp							
Here		ur signature		Date	Your occupation				t you an Identity
	. 10	ur signature		Date	rour occupation				N, enter it here
Joint return?					SOFTWARE	ENGINEER	(see i	inst.) 🕨 🛛	
See instructions.	Sp	ouse's signature. If a joint return, <b>b</b>	oth must sign.	Date	Spouse's occupa	tion			t your spouse an
Keep a copy for your records.	,					5		ity Prote inst.) ► 🚺	ction PIN, enter it here
,				Fue ell'esteluces	HOME MAKE			1131.)	
		one no. (201) 713-6362 parer's name	Preparer's signat	Email address	LALITHYACH	ILLA@GMAIL.CC	PTIN		Check if:
Paid									Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAN	1 01/28/2022	P02082		
Use Only		m's name ► GLOBAL TAX		n (1),	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				678) 965-9522
		m's address ► 2530 Pebbl		in cummin	2		Firm'	s EIN 🕨	
Go to www.irs.g	ov/Forn	n1040 for instructions and the lates	st information.		BAA	REV 01/24/22 PRO			Form <b>1040</b> (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# 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

rmation.		Sequence No. 01
	Your soc	ial security number
	051-67	-9194

Internal Revenue Service Go to www.irs.gov/F Name(s) shown on Form 1040, 1040-SR, or 1040-NR

LALIIIIA CIIILLA & FRASILANIII RALLEFO	LALITHYA CHILLA & PRASHANTH KALLEPU
--	-------------------------------------

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxe	s	 1	
<b>2</b> a	Alimony received		 <b>2</b> a	
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, tr Schedule E		5	-7,459.
6	Farm income or (loss). Attach Schedule F		 6	
7	Unemployment compensation		 7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81	_	
m	Section 951(a) inclusion (see instructions)	8m	-	
n	Section 951A(a) inclusion (see instructions)	8n	 -	
0	Section 461(I) excess business loss adjustment	80	-	
р	Taxable distributions from an ABLE account (see instructions) .	8p	 -	
Z	Other income. List type and amount ►	8z		
9	Total other income. Add lines 8a through 8z		 9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1 1040-NR, line 8		10	-7,459.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	1 (Form 1040) 2021

Par	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		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
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 Paralympicmedals and USOC prize money reported on line 81 <b>24c</b>		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
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)		
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		
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 <b>adjustments to income.</b> Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	
	<b>RΔΔ</b> REV 01/24/22 PRO	Sched	ule 1 (Form 1040) 2021

REV 01/24/22 PRO

Department of the Treasury

# **Additional Credits and Payments**

OMB No. 1545-0074

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

► Go to www.irs.gov/Form1040 for instructions and the latest information.

2021 Attachment Sequence No. 03

Internal	► Go to www.irs.gov/Form1040 for instructions and the latest information.					Sequence No. 03	
Name	e(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR		Your so	cial	security number	
LAI	051-6	57-9	9194				
Pa	rt I Nonre	fundable Credits					
1	Foreign tax	credit. Attach Form 1116 if required			1		
2							
3							
4		4					
5	Residential		5				
6	Other nonre	fundable credits:					
а	General bus						
b	<b>b</b> Credit for prior year minimum tax. Attach Form 8801 <b>6b</b>						
С	Adoption cr						

For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA	REV 01/24/22 PRO	Schedul	le 3 (Form 1040) 2021
		(0	continu	ied on page 2)
0			8	2,000.
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040			
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
Z	Other nonrefundable credits. List type and amount ▶	6z		
-				
1	Amount on Form 8978, line 14. See instructions	61		
k	Credit to holders of tax credit bonds. Attach Form 8912			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911			
i	Qualified electric vehicle credit. Attach Form 8834	6i		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
g	Mortgage interest credit. Attach Form 8396	6g	_	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	_	
е	Alternative motor vehicle credit. Attach Form 8910	6e		
d	Credit for the elderly or disabled. Attach Schedule R	6d	_	

Schedule 3 (Form 1040) 2021

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .	10		
11	Excess social security and tier 1 RRTA tax withheld	11		
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
Z	Other payments or refundable credits. List type and amount	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	
	BAA REV	01/24/22 PRO	Schedu	le 3 (Form 1040) 2021

(Form	(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)												
					0, 1040-SR, 1040-NR, or 1041.								
Internal Revenue Service (99) Go to www.irs.gov/ScheduleE for instructions and the latest information.						<b>).</b>	Attachment Sequence No. <b>13</b>						
Name(s)	shown on return					Your soc					ial security number		
	LALITHYA CHILLA & PRASHANTH KALLEPU 051-67-9194												
Part					state and Ro	-					• •	•	
	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												
<b>B</b> If "	Yes," did you o	or will ye	ou file requ	ired Form(s)	1099?							. 🗌 )	les 🗌 No
_1a	Physical addr			• •	•								
A	9-6-156,	PRAGA	ATHINAGA	R KARIMN	IAGAR TEL	ANGAI	NA IN	5050	01				
В													
C													
1b	Type of Pro		2 For e	each rental re	eal estate pro	perty l	isted			Rental	Persona		QJV
	(from list be	elow)	abov pers	/e, report the onal use day	e number of fa	QJV box only o file as a			Days		Day	S	
A	3		if yo	u meet the re	equirements t	o file a	is a			365		0	
B			quai	ified joint ver	nture. See ins	tructio	ns.	В					
<b>C</b>								С					
	of Property:												
	le Family Resid				Term Rental				7 Self-				
	ti-Family Reside	ence	4 Corr	nmercial	<u> </u>		yalties		8 Othe	r (describe	1		
Incom					Properties:	_		Α			3		С
3	Rents received					3			550.				
4	Royalties rece	ived .				4							
Expen						_							
5	Advertising .					5							
6	Auto and trave	•		,		6							
7	Cleaning and r					7		⊥,	580.				
8	Commissions.					8							
9	Insurance					9							
10	Legal and othe	-				10			4 7 0				
11	Management f					11		1,	470.				
12	Mortgage inter	-				12							
13	Other interest.					13		1	0				
14	Repairs					14			955.				
15	Supplies					15		⊥,	670.				
16	Taxes					16		1	224				
17	Utilities					17		⊥,	334.				
18	Depreciation e Other (list) ►	expense	e or depieti	on		18 19							
19 20	Total expense					-			000				
20	•			0		20		۰,	009.				
21	Subtract line 2												
	result is a (loss file Form 6198					21		_7	459.				
00								· /	-55.				
22	Deductible ren on Form 8582				auon, ii any,	22	(	7 /	59.)	(	١	(	)
23a									23a	(	550.	(	)
zsa b	Total of all amounts reported on line 3 for all rental properties23a550.Total of all amounts reported on line 4 for all royalty properties23b												
u D	Total of all amounts reported on line 12 for all properties												
d	Total of all amounts reported on line 18 for all properties												
e u	Total of all am		•						23u		8,009.		
24	Income. Add		•						200		24		
25	Losses. Add ro	•							 nter tota	al losses he		(	7,459.)
26	Total rental re											<u>\</u>	,,100. )
20	i utai refitai fe	ะลา ชรเ	מוכ מווע ו'0	γαιτη ΠΙΟΟΠ	10 01 (1055).	UIIID		o ∠4 díl	u 20. E		our	1	

Supplemental Income and Loss

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

SCHEDULE E

Schedule E (Form 1040) 2021

-7,459.

26

OMB No. 1545-0074

Form **88663** Department of the Treasury Internal Revenue Service (99) Education Credits (American Opportunity and Lifetime Learning Credits) Attach to Form 1040 or 1040-SR.

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

Name(s) shown on return

Your social security number

051-67-9194

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

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line 30		1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3				
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)					
6	If line 4 is:		,			
	• Equal to or more than line 5, enter 1.000 on line 6					
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)				6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable Americ	an op	portunity	/ credit;		
	skip line 8, enter the amount from line 7 on line 9, and check this box $\ldots$ .				7	
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8	
Part						
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	· · ·	9			
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	10,000.
11	Enter the smaller of line 10 or \$10,000			+	11	10,000.
12	Multiply line 11 by 20% (0.20)				12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	13	18	0,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
	the amount to enter	14	8	3,006.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	9	6,994.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	2	0,000.		
17	If line 15 is:					
	<ul> <li>Equal to or more than line 16, enter 1.000 on line 17 and go to line 18</li> </ul>					
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rou					
	places)				17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	•		· · ·	18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see					
	instructions) here and on Schedule 3 (Form 1040), line 3				19	2,000.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA		REV 01/24/2	2 PRO	Form <b>8863</b> (2021)

OMB No. 1545-0074

Attachment Sequence No. 50

LALITHYA CHILLA & PRASHANTH KALLEPU

Name(s) shown on return

LALITHYA CHILLA & PRASHANTH KALLEPU

CAUT	Complete Part III for each student for whom opportunity credit or lifetime learning credit each student.	-					
Par	t III Student and Educational Institution Information	n. See	e instructions.				
20 Student name (as shown on page 1 of your tax return) LALITHYA CHILLA		21	Student social security number (as shown on page 1 of your tax return) 051-67-9194				
22	Educational institution information (see instructions)						
	Name of first educational institution	b	Name of second educational institution (if any)				
	UNIVERSITY OF THE CUMBERLANDS						
<ul> <li>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> <li>6178 COLLEGE STATION DR</li> </ul>		(1	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.				
	WILLIAMSBURG KY 40769						
(2	2) Did the student receive Form 1098-T X Yes □ No from this institution for 2021?	(2	2) Did the student receive Form 1098-T □ Yes □ No from this institution for 2021?				
(	3) Did the student receive Form 1098-T from this institution for 2020 with box ☐ Yes X No 7 checked?	(3	B) Did the student receive Form 1098-T from this institution for 2020 with box Yes No 7 checked?				
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.		4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.				
	61-0470593						
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021?		Yes – <b>Stop!</b> Go to line 31 for this student. $\boxed{X}$ No – Go to line 24.				
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	× `	Yes — Go to line 25. No — <b>Stop!</b> Go to line 31 for this student.				
25	Did the student complete the first 4 years of postsecondary education before 2021? See instructions.	X	Yes — <b>Stop!</b> Go to line 31 for this I No — Go to line 26. student.				
26	Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?		Yes — <b>Stop!</b> Go to line 31 for this Student. No — Complete lines 27 through 30 for this student.				
CAUT	you complete lines 27 through 30 for this student, don't o		e learning credit for the <b>same student</b> in the same year. If lete line 31.				
	American Opportunity Credit						
27	Adjusted qualified education expenses (see instructions). Dor						
28	Subtract \$2,000 from line 27. If zero or less, enter -0						
29 20							
30	enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1. 30						
	Lifetime Learning Credit						
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		<b>31</b> 10,000.				
			Form <b>8863</b> (2021)				