

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|---|--|
| Taxpayer's name SIMARPREET KAUR KAIN TAL | Social security number 045-59-9423 |
| Spouse's name ARSHDEEP SINGH KAIN TAL | Spouse's social security number APPLIED FOR |

Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | | |
|---|---|---|---------|
| 1 | Adjusted gross income | 1 | 25,436. |
| 2 | Total tax | 2 | 0. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 3,423. |
| 4 | Amount you want refunded to you | 4 | 4,823. |
| 5 | Amount you owe | 5 | |

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

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

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 9 | 9 | 4 | 2 | 3 |
|---|---|---|---|---|

 as my 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my 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 ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [] Single [X] 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: SIMARPREET KAUR; Last name: KAIN TAL; Your social security number: 045-59-9423
If joint return, spouse's first name and middle initial: ARSHDEEP SINGH; Last name: KAIN TAL; Spouse's social security number: APPLIED FOR
Home address (number and street): 39 BUCKLAND ST; Apt. no.: 15132; Presidential Election Campaign: [] You [] Spouse
City, town, or post office: MANCHESTER; State: CT; ZIP code: 06042
Foreign country name: ; Foreign province/state/county: ; Foreign postal code: ;

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents). Includes 'Dependents (see instructions):' header.

Main tax calculation table with 15 rows. Includes 'Attach Sch. B if required.' box and 'Standard Deduction for-' box with filing status options. Rows include: 1 Wages, salaries, tips, etc. Attach Form(s) W-2; 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 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; 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income; 12a Standard deduction or itemized deductions (from Schedule A); 12b Charitable contributions if you take the standard deduction; 12c Add lines 12a and 12b; 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12c and 13; 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

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

| | | | |
|--|--|------------|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 34. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 34. |
| 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| 20 | Amount from Schedule 3, line 8 | 20 | 34. |
| 21 | Add lines 19 and 20 | 21 | 34. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 0. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 0. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 3,423. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 3,423. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | 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"/> | 27a | |
| b | Nontaxable combat pay election | 27b | |
| c | Prior year (2019) earned income | 27c | |
| 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 1,400. |
| 31 | Amount from Schedule 3, line 15 | 31 | |
| 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | 1,400. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 4,823. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 4,823. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,823. |
| Direct deposit? See instructions. | b Routing number 021100361 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 769708519 | | |
| 36 | Amount of line 34 you want applied to your 2022 estimated tax | 36 | |
| Amount You Owe | 37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | |
| | 38 Estimated tax penalty (see instructions) | 38 | |

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

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes.** Complete below. **No**

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

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Phone no. (959) 221-0848 Email address SIMARPREET.KAUR3003@GMAIL.COM

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-----------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/25/2022 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | Phone no. (678) 965-9522 | Firm's EIN 30-1017196 |

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SIMARPREET KAUR & ARSHDEEP SINGH KAIN TAL

Your social security number
045-59-9423

Part I Nonrefundable Credits

| | | | |
|----------|--|-----------|-----|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | 34. |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other nonrefundable credits: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | Alternative motor vehicle credit. Attach Form 8910 | 6e | |
| f | Qualified plug-in motor vehicle credit. Attach Form 8936 | 6f | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| z | Other nonrefundable credits. List type and amount ▶ _____ | 6z | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | 7 | |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 8 | 34. |

(continued on page 2)

Part 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: | | | |
| a | 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 | | |
| c | Health coverage tax credit from Form 8885 | 13c | | |
| d | Credit for repayment of amounts included in income from earlier years | 13d | | |
| e | 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-SR, or 1040-NR, line 31 | | 15 | |

Credit for Qualified Retirement Savings Contributions

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8880 for the latest information.**

2021
Attachment
Sequence No. **54**

Name(s) shown on return

SIMARPREET KAUR & ARSHDEEP SINGH KAIN TAL

Your social security number

045-59-9423



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$33,000 (\$49,500 if head of household; \$66,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 2004; **(b)** is claimed as a dependent on someone else's 2021 tax return; or **(c)** was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2021. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2021 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2018 and **before** the due date (including extensions) of your 2021 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- Enter the applicable decimal amount from the table below.

| | (a) You | (b) Your spouse |
|----------|---------|-----------------|
| 1 | | |
| 2 | 201. | |
| 3 | 201. | |
| 4 | | |
| 5 | 201. | |
| 6 | 201. | |
| 7 | | 201. |
| 8 | 25,436. | |

| If line 8 is— | | And your filing status is— | | |
|------------------|---------------|----------------------------|-------------------|--|
| Over— | But not over— | Married filing jointly | Head of household | Single, Married filing separately, or Qualifying widow(er) |
| Enter on line 9— | | | | |
| --- | \$19,750 | 0.5 | 0.5 | 0.5 |
| \$19,750 | \$21,500 | 0.5 | 0.5 | 0.2 |
| \$21,500 | \$29,625 | 0.5 | 0.5 | 0.1 |
| \$29,625 | \$32,250 | 0.5 | 0.2 | 0.1 |
| \$32,250 | \$33,000 | 0.5 | 0.1 | 0.1 |
| \$33,000 | \$39,500 | 0.5 | 0.1 | 0.0 |
| \$39,500 | \$43,000 | 0.2 | 0.1 | 0.0 |
| \$43,000 | \$49,500 | 0.1 | 0.1 | 0.0 |
| \$49,500 | \$66,000 | 0.1 | 0.0 | 0.0 |
| \$66,000 | --- | 0.0 | 0.0 | 0.0 |

Note: If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4

| | |
|-----------|--------|
| 9 | x 0 .5 |
| 10 | 101. |
| 11 | 34. |
| 12 | 34. |

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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) ►
SIMARPREET KAUR KAIN TAL 045-59-9423
- 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 ► _____

| | | | |
|---|--|-------------|-----------|
| Name (see instructions) Name at birth if different . . . ► | 1a First name ARSHDEEP SINGH | Middle name | Last name |
| | 1b 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.**
39 BUCKLAND ST Apt 15132

City or town, state or province, and country. Include ZIP code or postal code where appropriate.
MANCHESTER CT USA 06042

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) 01 / 27 / 1993 | Country of birth INDIA | City and state or province (optional) | 5 <input checked="" type="checkbox"/> Male <input type="checkbox"/> 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): _____

Issued by: INDIA No.: M8231920 Exp. date: 04 / 15 / 2025

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 | Fax |
| Name and title (type or print) | Name of company | EIN | PTIN |
| | | Office code | |

Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
4. **Do not attach or send copies of forms W-2 or 1099.**
5. Verify that the address lines on the return are correct and proper abbreviations are used.
6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return.
9. Send **all** completed pages of CT-1040, Schedule CT-EITC, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed CT-EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2021 Form CT-1040" on your check.
12. To mail your return, use the following addresses:
 - For all tax returns with payment:
 - Department of Revenue Services
 - PO Box 2977
 - Hartford CT 06104-2977
 - For refunds and tax returns without payment:
 - Department of Revenue Services
 - PO Box 2976
 - Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

Do not send this sheet with your return.

10401221V011555



Form CT-1040 - 2021
Connecticut Resident Income Tax Return
(Rev. 12/21)

Page 1 of 4

Other tax year, beginning: and ending:

N S Y FJ N MFS N HOH N QW

045 - 59 - 9423 APP - LI - ED F

SIMARPREET KAUR KAIN TAL N Dec.

ARSHDEEP SINGH KAIN TAL N Dec.

39 BUCKLAND ST N CT-8379 N CT-2210

APT 15132 N CT-1040 CRC N Federal Form 1310

MANCHESTER CT 06042 - •

| | | |
|---|-----|-------|
| 1. Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11) | 1. | 25436 |
| 2. Additions to federal adjusted gross income (from Schedule 1, Line 38) | 2. | 0 |
| 3. Add Line 1 and Line 2 | 3. | 25436 |
| 4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50) | 4. | 0 |
| 5. Connecticut adjusted gross income: Line 4 subtracted from Line 3. | 5. | 25436 |
| 6. Income tax | 6. | 11 |
| 7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59) | 7. | 0 |
| 8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered. | 8. | 11 |
| 9. Connecticut alternative minimum tax (from Form CT-6251) | 9. | 0 |
| 10. Add Line 8 and Line 9. | 10. | 11 |
| 11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68) | 11. | 0 |
| 12. Line 11 subtracted from Line 10. If less than zero, "0" is entered. | 12. | 11 |
| 13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11) | 13. | 0 |
| 14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered. | 14. | 11 |
| 15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered. | 15. | 0 |
| 16. Total tax: Add Line 14 and Line 15. | 16. | 11 |

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.



10401221V011555

Form CT-1040, Page 2 of 4

10401221V021555



• 045599423

17. Amount from Line 16

17. 11

Forms W-2, W-2G, and 1099 Information

| | Col. A - Employer or Payer's Fed. ID # | Col. B - CT Wages, Tips, etc. | Col. C - CT Income Tax Withheld |
|------|--|-------------------------------|---------------------------------|
| 18a. | 94 - 3326476 | • 25436 | 1306 |
| 18b. | - | • 0 | 0 |
| 18c. | - | • 0 | 0 |
| 18d. | - | • 0 | 0 |
| 18e. | - | • 0 | 0 |

18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18f. 0

| | | |
|--|------|------|
| 18. Total Connecticut income tax withheld: Amounts in Column C. | 18. | 1306 |
| 19. All 2021 estimated tax payments and any overpayments applied from a prior year | 19. | 0 |
| 20. Payments made with Form CT-1040 EXT | 20. | 0 |
| 20a. Earned income tax credit (from Schedule CT-EITC, Line 16). | 20a. | 0 |
| 20b. Claim of right credit (from Form CT-1040 CRC, Line 6). | 20b. | 0 |
| 20c. Pass-through entity tax credit: (from Schedule CT-PE, Line 1). Schedule must be attached. | 20c. | 0 |
| 21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c. | 21. | 1306 |
| 22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21. | 22. | 1295 |

| | | |
|---|------|---|
| 23. Amount of Line 22 you want applied to your 2022 estimated tax | 23. | 0 |
| 24. Amount of Line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4) | 24. | 0 |
| 24a. Total contributions of refund to designated charities (from Schedule 5, Line 70) | 24a. | 0 |

25. Refund: Lines 23, 24, and 24a subtracted from Line 22. **25.** 1295
 If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

25a. Acct. type Y Ck. N Sv. 25b. Rout. # 021100361 25c. Acct. # 769708519

| | | |
|---|------|---------------------------------------|
| 25d. Refund going to a bank account outside the U.S. | 25d. | <input checked="" type="checkbox"/> N |
| 26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17. | 26. | 0 |
| 27. If late: Penalty entered. Line 26 multiplied by 10% (.10). | 27. | 0 |
| 28. If late: Interest entered. Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01). | 28. | 0 |
| 29. Interest on underpayment of estimated tax (from Form CT-2210) | 29. | 0 |
| 30. Total amount due: Add Lines 26 through 29. | 30. | 0.00 |

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

| | | | |
|---|---------------|----------------------------|----------------------|
| Your signature | Date | Home/cell telephone number | |
| • | • | 9592210848 | |
| Spouse's signature (if joint return) | Date | Daytime telephone number | |
| • | • | • | |
| Paid preparer's signature | Date | Telephone number | Paid Preparer's PTIN |
| • SYAM PRIYA RAM SAGAR GUPT | • 022522 | • 6789659522 | P02082703 |
| Paid preparer's name | FEIN | | |
| SYAM PRIYA RAM SAGAR GUPTA TALL | 301017196 | | |
| Firm's name, address and ZIP code | Self-employed | | |
| • 2530 PEBBLE CREEK LN CUMMING GA 30041 - | N | | |

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

| | | |
|-----------------|------------------|--------------------------------------|
| Designee's name | Telephone number | Personal identification number (PIN) |
| • | • | • |

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Sign Here
Keep a copy for your records.

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Schedule 1 - Modifications to Federal Adjusted Gross Income

| | | |
|--|------|---|
| 31. Interest on state and local government obligations other than Connecticut | 31. | 0 |
| 32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations | 32. | 0 |
| 33. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | 33. | 0 |
| 34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero. | 34. | 0 |
| 35. Loss on sale of Connecticut state and local government bonds | 35. | 0 |
| 36. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year. | 36. | 0 |
| 36a. 80% of Section 179 federal deduction. | 36a. | 0 |
| 37. Other - specify • | 37. | 0 |
| 38. Total additions: Add Lines 31 through 37. | 38. | 0 |
| 39. Interest on U.S. government obligations | 39. | 0 |
| 40. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | 40. | 0 |
| 41. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet) | 41. | 0 |
| 42. Refunds of state and local income taxes | 42. | 0 |
| 43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities | 43. | 0 |
| 44. Military retirement pay | 44. | 0 |
| 45. 50% of income received from Connecticut Teachers' Retirement System | 45. | 0 |
| 46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero. | 46. | 0 |
| 47. Gain on sale of Connecticut state and local government bonds | 47. | 0 |
| 48. CHET contributions made in 2021 or an excess carried forward from a prior year Acct. #: | 48. | 0 |
| 48a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years. | 48a. | 0 |
| 48b. 42% of pension or annuity income. | 48b. | 0 |
| 49. Other - specify • | 49. | 0 |
| 50. Total subtractions: Add Lines 39 through 49. | 50. | 0 |

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

| | | |
|--|---------------|---------------|
| 51. Modified Connecticut adjusted gross income | 51. | 0 |
| | Col. A | Col. B |
| 52. Qualifying jurisdiction's name and two-letter code | 52. | |
| 53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 worksheet) | 53. | 0 |
| 54. Line 53 divided by Line 51 | 54. | 0.0000 |
| 55. Income tax liability: Line 11 subtracted from Line 6. | 55. | 0 |
| 56. Line 54 multiplied by Line 55 | 56. | 0 |
| 57. Income tax paid to a qualifying jurisdiction | 57. | 0 |
| 58. Lesser of Line 56 or Line 57 | 58. | 0 |
| 59. Total credit: Add Line 58, all columns. | 59. | 0 |

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Schedule 3 - Property Tax Credit

65 years or older One or more dependents on federal return

| <i>Qualifying Property</i> | <i>Primary Residence</i> | <i>Auto 1</i> | <i>Auto 2</i> |
|--|--------------------------|---------------|---------------|
| Name of Connecticut Tax Town or District | • | • | • |
| Description of Property | • | • | • |
| Date(s) Paid | • | • | • |
| Amount Paid | 60. | 0 61. | 0 62. |
| 63. Total property tax paid: Add Lines 60, 61, and 62. | | | 63. 0 |
| 64. Maximum property tax credit allowed | | | 64. • 200 |
| 65. Lesser of Line 63 or Line 64. | | | 65. • 0 |
| 66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68. | | | 66. • 0.00 |
| 67. Line 65 multiplied by Line 66. | | | 67. • 0 |
| 68. Line 67 subtracted from Line 65. | | | 68. 0 |

Schedule 4 - Individual Use Tax

| | | |
|--|-------|---|
| 69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7) | 69a. | 0 |
| 69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7) | 69b. | 0 |
| 69c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7) | 69c. | 0 |
| 69d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7) | 69d. | 0 |
| 69. Individual use tax: Add Lines 69a, 69b, 69c, and 69d. | 69. • | 0 |

Schedule 5 - Contributions to Designated Charities

| | | |
|--|------|---|
| 70a. AR | 70a. | 0 |
| 70b. OT | 70b. | 0 |
| 70c. ES/W | 70c. | 0 |
| 70d. BCR | 70d. | 0 |
| 70e. SNS | 70e. | 0 |
| 70f. MR | 70f. | 0 |
| 70g. CBS | 70g. | 0 |
| 70h. MHCIA | 70h. | 0 |
| 70. Total Contributions: Add Lines 70a through 70h. | 70. | 0 |
| Taxpayer email | | |

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