

IRS efile 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 VINILA VASAM | Social security number 119-53-4536 |
| Spouse's name | Spouse's social security number |

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

Enter whole dollars only on lines 1 through 5

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

| | | |
|---------------------------------------------------------------------------|---|--------|
| 1 Adjusted gross income | 1 | 8,774. |
| 2 Total tax | 2 | 0. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 468. |
| 4 Amount you want refunded to you | 4 | 468. |
| 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 acknowledgment 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

| | | | | |
|---|---|---|---|---|
| 3 | 4 | 5 | 3 | 6 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication— Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

| | | |
|------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------|
| Your first name and middle initial VINILA | Last name VASAM | Your social security number 119-53-4536 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |
| Home address (number and street). If you have a P.O. box, see instructions. 110 WEDGEWOOD DRIVE, | | Apt no. 10 |
| City, town, or post office. If you have a foreign address, also complete spaces below. MORGANTOWN | | State WV |
| Foreign country name | | Foreign postal code |
| Foreign province/state/county | | ZIP code 26505 |

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 Spouse itemizes on a separate return or you were a dual-status alien
 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

| 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"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------|--------|
| Attach Sch B if required | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 8,774. |
| | 2a | Tax-exempt interest | 2b | |
| | 3a | Qualified dividends | 3b | |
| 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 | 4a | IRA distributions | 4b | |
| | 5a | Pensions and annuities | 5b | |
| | 6a | Social security benefits | 6b | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 7 | |
| | 8 | Other income from Schedule 1, line 10 | 8 | |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | 9 | 8,774. |
| 10 | Adjustments to income from Schedule 1, line 2b | 10 | | |
| 11 | Subtract line 10 from line 9. This is your adjusted gross income ▶ | 11 | 8,774. | |
| 12a | Standard deduction or itemized deductions (from Schedule A) | 12a | 12,550. | |
| b | Charitable contributions if you take the standard deduction (see instructions) | 12b | | |
| c | Add lines 12a and 12b | 12c | 12,550. | |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | | |
| 14 | Add lines 12c and 13 | 14 | 12,550. | |
| 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 0. | |

| | | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|
| 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 | 0. |
| 17 | Amount from Schedule 2 line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 0. |
| 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| 20 | Amount from Schedule 3 line 8 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0 | 22 | 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 | 468. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 468. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) No Check here if you were born after January 1, 1993, 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 | Non-taxable 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 | |
| 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 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 468. |
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 468. |
| 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 468. |
| b | Routing number: 0 5 1 9 0 0 3 6 6 c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number: 7 6 0 7 1 7 2 9 5 | | |
| 36 | Amount of line 34 you want applied to your 2022 estimated tax | 36 | |
| 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.

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

Phone no (681) 285-4265 Email address vasam.vinila@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 02/08/2022 | 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 |

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
 Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
 Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

OMB No 1545-0074

▶ To be completed by preparer and filed with Form 1040, 1040SR, 1040NR, 1040PR, or 1040SS.
 ▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

Attachment
 Sequence No. **70**

| | |
|--------------------------------------------------------------------------------------|------------------------------------------------------|
| Taxpayer name(s) shown on return VINILA VASAM | Taxpayer identification number 119-53-4536 |
| Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 | |

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

| | Yes | No | N/A |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SR, 1040NR, 1040PR, 1040SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

| | Yes | No | N/A |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

| | Yes | No | N/A |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | <input type="checkbox"/> | <input type="checkbox"/> |

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | <input type="checkbox"/> | <input type="checkbox"/> |

Part VI Eligibility Certification

- ▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; and
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention:
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

| | | |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | Yes | No |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | |
|------------------------|-----------------------------|-----------------------------------|------------------------|----------------------------------|-------------------|-----------------------------------|----------------|
| SOCIAL SECURITY NUMBER | 119534536 | Deceased <input type="checkbox"/> | Date of Death: | *SPOUSE'S SOCIAL SECURITY NUMBER | | Deceased <input type="checkbox"/> | Date of Death: |
| LAST NAME | VASAM | SUFFIX | | YOUR FIRST NAME | VINILA | MI | |
| SPOUSE'S LAST NAME | | SUFFIX | | SPOUSE'S FIRST NAME | | MI | |
| FIRST LINE OF ADDRESS | 110 WEDGEWOOD DRIVE, APT 10 | | SECOND LINE OF ADDRESS | | | | |
| CITY | MORGANTOWN | STATE | WV | ZIP CODE | 26505 | | |
| TELEPHONE NUMBER | 6812854265 | EMAIL | VASAM.VINILA@GMAIL | | EXTENDED DUE DATE | MM/DD/YYYY | |

Amended return
 Check before 4/18/22 if you wish to stop the original debit (amended return only)
 Nonresident Special
 Nonresident/Part-Year Resident
 Form WV-8379 filed as an injured spouse

FILING STATUS

(Check One)

1 Single

2 Head of Household

3 Married, Filing Joint

4 Married, Filing Separate
*Enter spouse's SS# and name in the boxes above

5 Widow(er) with dependent child

Exemptions (If someone can claim you as a dependent, leave box (a) blank.) Enter "1" in boxes a and b if they apply

| | | |
|---|--------------|---|
| { | Yourself (a) | 1 |
| | Spouse (b) | |

c. List your dependents. If more than five dependents, continue on Schedule DP on page 6.

| First name | Last name | Social Security Number | Date of Birth (MM DD YYYY) |
|------------|-----------|------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

d. Additional exemption if surviving spouse (see page 17) Enter total number of dependents (c)

Enter decedents SSN: _____ Year Spouse Died: _____ (d)

e. **Total Exemptions** (add boxes a, b, c, and d). Enter here and on line 6 below. If box e is zero, enter \$500 on line 6 below. (e) 1

| | | | |
|----------------------------------------------------------------------------------------------------|---|------|-----|
| 1. Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-A | 1 | 8774 | .00 |
| 2. Additions to income (line 56 of Schedule M)..... | 2 | | .00 |
| 3. Subtractions from income (line 48 of Schedule M)..... | 3 | | .00 |
| 4. West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3)..... | 4 | 8774 | .00 |
| 5. Low-Income Earned Income Exclusion (see worksheet on page 23)..... | 5 | 8774 | .00 |
| 6. Total Exemptions as shown above on Exemption Box (e) <u>1</u> x \$2,000 | 6 | 2000 | .00 |
| 7. West Virginia Taxable Income (line 4 minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO | 7 | 0 | .00 |
| 8. Income Tax Due (Check One) | 8 | | .00 |

Tax Table
 Rate Schedule
 Nonresident/Part-year resident calculation schedule

TAX DEPT USE ONLY

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PAY PLAN | COR | SCTC | NRSR | HEPTC |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MUST INCLUDE WITHHOLDING FORMS WITH THIS RETURN (W-2s, 1099s, Etc.)



*T 0 4 0 2 0 2 1 0 1 *

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|------------------------------------------------------|------------|------------|
| PRIMARY LAST NAME SHOWN ON FORM IT-140 VASAM | SOCIAL SECURITY NUMBER 119534536 | 8. Total Taxes Due (line 8 from previous page) | 8 | | .00 |
| 9. Credits from Tax Credit Recap Schedule (see schedule on page 5) (now includes the Family Tax Credit) | | | 9 | | .00 |
| 10. Line 8 minus 9. If line 9 is greater than line 8, enter 0 | | | 10 | 0 | .00 |
| 11. Overpayment previously refunded or credited (amended return only) | | | 11 | | .00 |
| 12. Penalty Due from Form IT-210 <input type="checkbox"/> CHECK IF REQUESTING WAIVER/ANNUALIZED WORKSHEET ATTACHED If you owe penalty, enter here | | | 12 | | .00 |
| 13. West Virginia Use Tax Due on out-of-state purchases (See Schedule UT on page 9). <input checked="" type="checkbox"/> CHECK IF NO USE TAX DUE | | | 13 | | .00 |
| 14. Add lines 10 through 13. This is your total amount due..... | | | 14 | 0 | .00 |
| 15. West Virginia Income Tax Withheld (See instructions) <input type="checkbox"/> Check if withholding from NRSR (Nonresident Sale of Real Estate) | | | 15 | 290 | .00 |
| 16. Estimated Tax Payments and Payments with Schedule 4868 | | | 16 | 0 | .00 |
| 17. Non-Family Adoption Tax Credit if applicable (include Schedule WV NFA-1) | | | 17 | | .00 |
| 18. Senior Citizen Tax Credit for property tax paid (include Schedule SCTC-A) | | | 18 | | .00 |
| 19. Homestead Excess Property Tax Credit for property tax paid (include Schedule HEPTC-1) | | | 19 | | .00 |
| 20. Amount paid with original return (amended return only) | | | 20 | | .00 |
| 21. Payments and Refundable Credits (add lines 15 through 20) | | | 21 | 290 | .00 |
| 22. Balance Due (line 14 minus line 21). If Line 21 is greater than line 14, complete line 23 PAY THIS AMOUNT | | | 22 | | .00 |
| 23. Line 21 minus line 14. This is your overpayment | | | 23 | 290 | .00 |
| 24. Donations of part or all of line 23. Indicate below and enter the sum of columns 24A, 24B, and 24C on Line 24 | | | | | |
| 24A. WEST VIRGINIA CHILDREN'S TRUST FUND | | | 24B. WEST VIRGINIA DEPARTMENT OF VETERANS ASSISTANCE | | |
| 24C. DONEL C. KINNARD MEMORIAL STATE VETERANS CEMETERY | | | | | |
| | | | 24 | | .00 |
| 25. Amount of Overpayment to be credited to your 2022 estimated tax..... | | | 25 | | .00 |
| 26. Refund due to you (line 23 minus line 24 and line 25)..... REFUND | | | 26 | 290 | .00 |

Direct Deposit of Refund

CHECKING SAVINGS

051900366

760717295

ROUTING NUMBER

ACCOUNT NUMBER

PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.

I authorize the State Tax Department to discuss my return with my preparer YES NO

Under penalty of perjury, I declare that I have examined this return, accompanying schedules, and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Your Signature _____ Date _____ Spouse's Signature _____ Date _____ Telephone Number _____

Preparer: Check HERE if client is requesting that form NOT be e-filed

301017196 SYAM PRIYA RAM SAGAR GUPTA TAL 02082022 6789659522

Preparer's EIN Signature of preparer other than above Date Telephone Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM GLOBAL TAXES LLC

Preparer's Printed Name Preparer's Firm

| | |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| FOR REFUND, MAIL TO THIS ADDRESS: WV STATE TAX DEPARTMENT P.O. BOX 1071 CHARLESTON, WV 25324-1071 | FOR BALANCE DUE, MAIL TO THIS ADDRESS: WV STATE TAX DEPARTMENT P.O. BOX 3694 CHARLESTON, WV 25336-3694 |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

Payment Options: Returns filed with a balance of tax due may pay through any of the following methods:
 • Check or Money Order payable to the WV State Tax Department - Enclose check or money order with your return.
 • Electronic Payment - May be made by visiting mytaxes.wvtax.gov and clicking on "Pay Personal Income Tax".
 • Credit Card Payment - May be made by visiting the Treasurer's website at: epay.wvsto.com/tax



T 0 4 0 2 0 2 1 0 2