

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|  |                                       |
|--|---------------------------------------|
| Taxpayer's name<br>USHA RANI POTHURAJU | Social security number<br>285-81-0628 |
| 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 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|   |   |         |
|---|---|---------|
| 1 Adjusted gross income . . . . .   | 1 | 12,217. |
| 2 Total tax . . . . .   | 2 | 0.      |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 928.    |
| 4 Amount you want refunded to you . . . . .                               | 4 | 2,328.  |
| 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 0 | 6 | 2 | 8 |
|---|---|---|---|---|

 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 ▶ Usha rani Pothuraju, Date ▶ 2/14/2022

### 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.

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 [X] 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: USHA RANI
Last name: POTHURAJU
Your social security number: 285-81-0628
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.
3871 NORTH SIDE DRIVE
Apt. no.: K4
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town, or post office. If you have a foreign address, also complete spaces below.
MACON
State: GA
ZIP code: 31210
Foreign country name:
Foreign province/state/county:
Foreign postal code:
[ ] You [ ] Spouse

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 (see instructions): Child tax credit, Credit for other dependents. Includes dependents section with checkboxes.

Main tax calculation table with rows 1-15. Includes columns for various income types (Wages, Tax-exempt interest, Dividends, IRA distributions, Pensions, Social security benefits, Capital gain, Other income) and deductions (Standard deduction, Charitable contributions, Business income). Total taxable income is 0.

|                                      |  |            |        |
|--------------------------------------|--|------------|--------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____   | <b>16</b>  | 0.     |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |        |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 0.     |
| <b>19</b>                            | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | <b>19</b>  |        |
| <b>20</b>                            | Amount from Schedule 3, line 8   | <b>20</b>  |        |
| <b>21</b>                            | Add lines 19 and 20  | <b>21</b>  |        |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 0.     |
| <b>23</b>                            | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b>  | 0.     |
| <b>24</b>                            | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 0.     |
| <b>25</b>                            | Federal income tax withheld from:  |            |        |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 928.   |
| <b>b</b>                             | Form(s) 1099   | <b>25b</b> |        |
| <b>c</b>                             | Other forms (see instructions)   | <b>25c</b> |        |
| <b>d</b>                             | Add lines 25a through 25c  | <b>25d</b> | 928.   |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |        |
| <b>27a</b>                           | Earned income credit (EIC) <span style="float:right">No</span><br>Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | <b>27a</b> |        |
| <b>b</b>                             | Nontaxable combat pay election   | <b>27b</b> |        |
| <b>c</b>                             | Prior year (2019) earned income  | <b>27c</b> |        |
| <b>28</b>                            | Refundable child tax credit or additional child tax credit from Schedule 8812  | <b>28</b>  |        |
| <b>29</b>                            | American opportunity credit from Form 8863, line 8   | <b>29</b>  |        |
| <b>30</b>                            | Recovery rebate credit. See instructions   | <b>30</b>  | 1,400. |
| <b>31</b>                            | Amount from Schedule 3, line 15  | <b>31</b>  |        |
| <b>32</b>                            | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  | 1,400. |
| <b>33</b>                            | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 2,328. |
| <b>Refund</b>                        | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 2,328. |
| <b>35a</b>                           | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>  | <b>35a</b> | 2,328. |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 061000052 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |        |
|                                      | <b>d</b> Account number 334069232080   |            |        |
| <b>36</b>                            | Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | <b>36</b>  |        |
| <b>Amount You Owe</b>                | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | <b>37</b>  |        |
|                                      | <b>38</b> Estimated tax penalty (see instructions)   | <b>38</b>  |        |

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

**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<br>TEACHER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation        | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (404) 512-8018 Email address USHAHELEN7@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/15/2022 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>30-1017196                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
USHA RANI POTHURAJU

Your social security number  
285-81-0628

**Part I Additional Income**

|           |   |               |           |
|-----------|---|---------------|-----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |               |           |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |
| <b>8</b>  | Other income:   |               |           |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b>     |           |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b>     |           |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b>     |           |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b>     |           |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b>     |           |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b>     |           |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b>     |           |
| <b>k</b>  | 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 . . . . . | <b>8k</b>     |           |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b>     |           |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b>     |           |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b>     |           |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b>     |           |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b>     |           |
| <b>z</b>  | Other income. List type and amount ▶ _____  | <b>8z</b>     |           |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   |               | <b>10</b> |

For Paperwork Reduction Act Notice, see your tax return instructions.

**Part II Adjustments to Income**

|            |  |            |      |
|------------|--|------------|------|
| <b>11</b>  | Educator expenses . . . . .  | <b>11</b>  | 250. |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  | <b>12</b>  |      |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   | <b>13</b>  |      |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  | <b>14</b>  |      |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   | <b>15</b>  |      |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   | <b>16</b>  |      |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   | <b>17</b>  |      |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   | <b>18</b>  |      |
| <b>19a</b> | Alimony paid . . . . .   | <b>19a</b> |      |
| <b>b</b>   | Recipient's SSN . . . . . ▶ _____  |            |      |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____  |            |      |
| <b>20</b>  | IRA deduction . . . . .  | <b>20</b>  |      |
| <b>21</b>  | Student loan interest deduction . . . . .  | <b>21</b>  |      |
| <b>22</b>  | Reserved for future use . . . . .  | <b>22</b>  |      |
| <b>23</b>  | Archer MSA deduction . . . . .   | <b>23</b>  |      |
| <b>24</b>  | Other adjustments:   |            |      |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |      |
| <b>b</b>   | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |      |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .   | <b>24c</b> |      |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |      |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |      |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |      |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |      |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |      |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |      |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |      |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |      |
| <b>z</b>   | Other adjustments. List type and amount ▶ _____  | <b>24z</b> |      |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   | <b>25</b>  |      |
| <b>26</b>  | 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 . . . . .   | <b>26</b>  | 250. |

**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

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

OMB No. 1545-0074

Attachment  
Sequence No. **70**

|   |   |
|---|---|
| Taxpayer name(s) shown on return<br>USHA RANI POTHURAJU                       | Taxpayer identification number<br>285-81-0628 |
| Enter preparer's name and PTIN<br>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                      |
|--|-------------------------------------|-------------------------------------|--------------------------|
| <b>1</b> 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"/>            |                          |
| <b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, 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"/> |
| <b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br>• 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.<br>• 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"/>            |                          |
| <b>4</b> 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"/> |                          |
| <b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>b</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"/>            |                          |
| <b>5</b> 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) . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| List those documents provided by the taxpayer, if any, that you relied on:<br>_____<br>_____<br>_____  |                                     |                                     |                          |
| <b>6</b> 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"/>            |                          |
| <b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . .<br><b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>a</b> Did you complete the required recertification Form 8862? . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>8</b> 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                      |
|---|--------------------------|--------------------------|--------------------------|
| <b>9a</b> 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? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>b</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"/> |                          |
| <b>c</b> 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                      |
|---|-------------------------------------|--------------------------|--------------------------|
| <b>10</b> 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 checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>11</b> 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12</b> 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 checked="" 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                       |
|--|--------------------------|--------------------------|
| <b>13</b> 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                       |
|--|--------------------------|--------------------------|
| <b>14</b> 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).**

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



2200411513



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

Individual Income Tax Return

Georgia Department of Revenue

**2021** (Approved software version)

Page **1**

Fiscal Year  
Beginning

STATE GA  
ISSUED

Fiscal Year  
Ending

YOUR DRIVER'S  
LICENSE/STATE ID

070455377

YOUR FIRST NAME  
1. USHA RANI

MI YOUR SOCIAL SECURITY NUMBER  
285-81-0628

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

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED  
2. 3871 NORTH SIDE DRIVE

APT NO K4

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

STATE ZIP CODE  
GA 31210

(COUNTRY IF FOREIGN)

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

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

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

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

Filing Status

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

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1

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





**YOUR SOCIAL SECURITY NUMBER**  
 285-81-0628

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

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

**INCOME COMPUTATIONS**

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

|   |      |       |
|---|------|-------|
| 8. Federal adjusted gross income (From Federal Form 1040).....  | 8.   | 12217 |
| <b>(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.</b> |      |       |
| 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) .....  | 9.   |       |
| 10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....   | 10.  | 12217 |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....   | 11a. | 4600  |
| <b>(See IT-511 Tax Booklet)</b>   |      |       |
| b. Self: 65 or over?      Blind?      Total      x 1,300=.....  | 11b. |       |
| Spouse: 65 or over?      Blind?   |      |       |
| c. Total Standard Deduction (Line 11a + Line 11b).....  | 11c. | 4600  |
| <b>Use EITHER Line 11c OR Line 12c (Do not write on both lines)</b>   |      |       |
| 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, <b>you must include Federal Schedule A.</b>   |      |       |
| a. Federal Itemized Deductions (Schedule A- Form 1040).....   | 12a. |       |
| b. Less adjustments: (See IT-511 Tax Booklet) .....   | 12b. |       |
| c. Georgia Total Itemized Deductions.....   | 12c. |       |
| 13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....   | 13.  | 7617  |



2200411533

**YOUR SOCIAL SECURITY NUMBER**  
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|   |      |      |
|---|------|------|
| 14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C                  | 14a. | 2700 |
| 14b. Enter the number from Line 7a. Multiply by \$3,000.....  | 14b. |      |
| 14c. Add Lines 14a. and 14b. Enter total .....  | 14c. | 2700 |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....   | 15a. | 4917 |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).... | 15b. |      |
| 15c. Georgia Taxable Income (Line 15a less Line 15b).....   | 15c. | 4917 |
| 16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet) .....  | 16.  | 130  |
| 17. Low Income Credit 17a. 1 17b. 8 .....   | 17c. | 8    |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) .....   | 18.  |      |
| 19. Credits used from IND-CR Summary Worksheet .....  | 19.  |      |
| 20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>  | 20.  |      |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....   | 21.  | 8    |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....  | 22.  | 122  |

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

| (INCOME STATEMENT A)   |       |       |  | (INCOME STATEMENT B)                           |       |       |  | (INCOME STATEMENT C)                           |       |       |  |
|--|-------|-------|--|--|-------|-------|--|--|-------|-------|--|
| 1. WITHHOLDING TYPE:   |       |       |  | 1. WITHHOLDING TYPE:                           |       |       |  | 1. WITHHOLDING TYPE:                           |       |       |  |
| <input checked="" type="checkbox"/> W-2  | G2-A  | G2-LP |  | W-2  | G2-A  | G2-LP |  | W-2  | G2-A  | G2-LP |  |
| 1099   | G2-FL | G2-RP |  | 1099   | G2-FL | G2-RP |  | 1099   | G2-FL | G2-RP |  |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN |       |       |  | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN |       |       |  | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN |       |       |  |
| 586000191  |       |       |  |  |       |       |  |  |       |       |  |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID   |       |       |  | 3. EMPLOYER/PAYER STATE WITHHOLDING ID         |       |       |  | 3. EMPLOYER/PAYER STATE WITHHOLDING ID         |       |       |  |
| 0993280XD  |       |       |  |  |       |       |  |  |       |       |  |
| 4. GA WAGES / INCOME   |       |       |  | 4. GA WAGES / INCOME                           |       |       |  | 4. GA WAGES / INCOME                           |       |       |  |
| 12467  |       |       |  |  |       |       |  |  |       |       |  |
| 5. GA TAX WITHHELD   |       |       |  | 5. GA TAX WITHHELD                             |       |       |  | 5. GA TAX WITHHELD                             |       |       |  |
| 615  |       |       |  |  |       |       |  |  |       |       |  |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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

REV 01/31/22 PRO



**YOUR SOCIAL SECURITY NUMBER**  
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**Page 4**

**(INCOME STATEMENT D)**

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

**(INCOME STATEMENT E)**

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

**(INCOME STATEMENT F)**

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

|  |     |     |
|--|-----|-----|
| 23. <b>Georgia Income Tax Withheld on Wages and 1099s</b> .....                                  | 23. |     |
| <small>(Enter Tax Withheld Only and include W-2s and/or 1099s)</small>                           |     |     |
| 24. <b>Other Georgia Income Tax Withheld</b> .....   | 24. |     |
| <small>(Must include G2-A, G2-FL, G2-LP and/or G2-RP)</small>                                    |     |     |
| 25. <b>Estimated Tax paid for 2021 and Form IT-560</b> .....                                     | 25. |     |
| 26. <b>Schedule 2B Refundable Tax Credits</b> .....  | 26. |     |
| <small>(Cannot be claimed unless filed electronically)</small>                                   |     |     |
| 27. <b>Total prepayment credits (Add Lines 23, 24, 25 and 26)</b> .....                          | 27. | 615 |
| 28. <b>If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due</b> ..... | 28. |     |
| 29. <b>If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment</b> ..... | 29. | 493 |
| 30. <b>Amount to be credited to 2022 ESTIMATED TAX</b> .....                                     | 30. | 0   |
| 31. <b>Georgia Wildlife Conservation Fund (No gift of less than \$1.00)</b> .....                | 31. |     |
| 32. <b>Georgia Fund for Children and Elderly (No gift of less than \$1.00)</b> .....             | 32. |     |
| 33. <b>Georgia Cancer Research Fund (No gift of less than \$1.00)</b> .....                      | 33. |     |
| 34. <b>Georgia Land Conservation Program (No gift of less than \$1.00)</b> .....                 | 34. |     |
| 35. <b>Georgia National Guard Foundation (No gift of less than \$1.00)</b> .....                 | 35. |     |
| 36. <b>Dog &amp; Cat Sterilization Fund (No gift of less than \$1.00)</b> .....                  | 36. |     |
| 37. <b>Saving the Cure Fund (No gift of less than \$1.00)</b> .....                              | 37. |     |
| 38. <b>Realizing Educational Achievement Can Happen (REACH) Program</b> .....                    | 38. |     |
| <small>(No gift of less than \$1.00)</small>   |     |     |



2200411553

**YOUR SOCIAL SECURITY NUMBER**  
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**Page 5**

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

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

- 42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29  
**THIS IS YOUR REFUND..... 42. 493**  
**If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.**

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

Type: Checking  Savings  
Routing Number 061000052  
Account Number 334069232080

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

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

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number  
404-512-8018

Spouse's Signature Date

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

Taxpayer's E-mail Address

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

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Signature of Preparer

Name of Preparer Other Than Taxpayer

SYAM PRIYA RAM SAGAR GUPT

Preparer's Firm Name

GLOBAL TAXES LLC

Preparer's Phone Number  
678-965-9522

Preparer's FEIN

30-1017196

Preparer's SSN/PTIN/SIDN

P02082703