

# 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 URMILA PASUPULETI	Social security number 870-89-6007
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	117,199.
2	Total tax . . . . .	2	19,064.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	21,312.
4	Amount you want refunded to you . . . . .	4	2,248.
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	6	0	0	7
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 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 ▶ urmila Date ▶ 03/08/2022

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

I authorize \_\_\_\_\_ to enter or generate my PIN 

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 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: URMILA
Last name: PASUPULETI
Your social security number: 870-89-6007
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.
47 REDBUD RD
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
PISCATAWAY
State: NJ
ZIP code: 08854
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[ ] You [ ] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [ ] Yes [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) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main income tax table with 15 rows. Includes categories like Wages, salaries, tips, etc.; Tax-exempt interest; Qualified dividends; IRA distributions; Pensions and annuities; Social security benefits; Capital gain or (loss); Other income from Schedule 1, line 10; Adjustments to income; Standard deduction or itemized deductions; Charitable contributions; Qualified business income deduction; Taxable income.

<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>	19,064.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	19,064.
<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>	19,064.
<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>	19,064.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	21,312.
<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>	21,312.
<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> 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>	
<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>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	21,312.
<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>	2,248.
	<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>	2,248.
Direct deposit? See instructions.	<b>b</b> Routing number 0 2 1 2 0 0 3 3 9 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 3 8 1 0 4 1 3 2 5 8 4 5		
	<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	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. (224) 381-2793 Email address URMILA.PASUPULETI@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/07/2022	P02082703	
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

**SCHEDULE 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  
URMILA PASUPULETI

Your social security number  
870-89-6007

**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>	-10,510.
<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>	-10,510.

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<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>	

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

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return

URMILA PASUPULETI

Your social security number

870-89-6007

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  **Yes**  **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	829.	800.		29.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				29.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

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

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	29.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b> ( )	
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		



**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

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

Name(s) shown on return

Social security number or taxpayer identification number

URMILA PASUPULETI

870-89-6007

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC		12/31/21	829.	800.			29.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				829.	800.			29.

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



**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

**2021**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

URMILA PASUPULETI

870-89-6007

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	PLOT NO 615 PHASE 2 ROADNO 7 NANDI HILS TELANGANA IN 500097				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income:	Properties:	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b>	620.		
<b>4</b> Royalties received . . . . .	<b>4</b>			

**Expenses:**

<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	1,900.		
<b>8</b> Commissions. . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	2,650.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest. . . . .	<b>13</b>			
<b>14</b> Repairs. . . . .	<b>14</b>	2,450.		
<b>15</b> Supplies . . . . .	<b>15</b>	2,350.		
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>	1,780.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	11,130.		

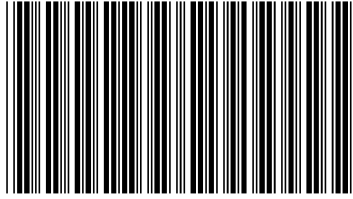
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>	-10,510.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( 10,510. )	( )	( )

<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	620.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	11,130.		

<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 10,510. )		

<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>	-10,510.		
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For Paperwork Reduction Act Notice, see the separate instructions. NPA -10,510. Schedule E (Form 1040) 2021



040MP01210

For Privacy Act Notification, See Instructions

Your Social Security Number (required)  
870896007

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)  
PASUPULETI URMILA

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50)  
1217

Home Address (Number and Street, including apartment number)  
47 REDBUD RD

City, Town, Post Office  
PISCATAWAY

State ZIP Code  
NJ 08854

Driver's License Number (Voluntary) (See instructions)

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

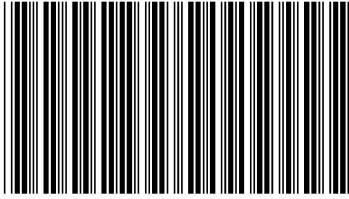
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	No

**Direct Deposit Information**

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2. Account type (C for checking, S for savings)	dd2.	C	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4. Routing number	dd4.		021200339
dd5. Account number	dd5.		381041325845





040MP02210

Name(s) as shown on Form NJ-1040  
PASUPULETI URMILA

Your Social Security Number  
870896007

1555

Part-year residents, provide months/days you were a New Jersey resident during 2021:  
From: To:

Fiscal year filers only:  
Enter month of your year end 2 0 2 2

**Filing Status**  
Fill in only one.

- 1.  Single
- 2.  Married/CU Couple, filing joint return
- 3.  Married/CU Partner, filing separate return
- 4.  Head of Household Enter spouse's/CU partner's SSN
- 5.  Qualifying Widow(er)/Surviving CU Partner  
Indicate the year of your spouse's/CU partner's death: 2019 2020

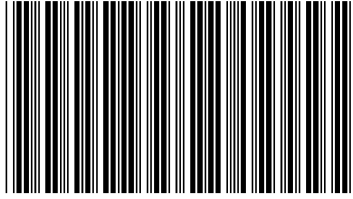
**Exemptions**

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1956 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$6,000 =	_____
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 =	_____
11. Other Dependents	<input type="checkbox"/>					x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	1000 .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____			
b.	_____			
c.	_____			
d.	_____			



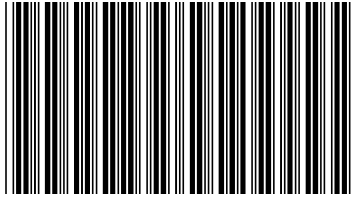
040MP03210

Name(s) as shown on Form NJ-1040  
PASUPULETI URMILA

Your Social Security Number  
870896007

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	129283 .
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	. .
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	. .
17. Dividends	17.	2 .
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	. .
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	29 .
20a. Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	. .
20b. Excludable pension, annuity, and IRA distributions/withdrawals	20b.	. .
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	21.	. .
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	. .
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	. .
24. Net Gambling Winnings (See instructions)	24.	. .
25. Alimony and Separate Maintenance Payments received	25.	. .
26. Other (Enclose documents) (See instructions)	26.	. .
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	129314 .
28a. Pension/Retirement Exclusion (See instructions)	28a.	. .
28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	. .
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	. .
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	129314 .
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .
31. Medical Expenses (See Worksheet F and instructions)	31.	. .
32. Alimony and Separate Maintenance Payments (See instructions)	32.	. .
33. Qualified Conservation Contribution	33.	. .
34. Health Enterprise Zone Deduction	34.	. .
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	. .
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000 .
38. Taxable Income (Subtract line 37 from line 29)	38.	128314 .
39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	1656 .
39b. Block	.	. .
39b. Lot	.	. .
39b. Qualifier		Fill in if you completed Worksheet G
39c. County/Municipality Code		
39d. Indicate your residency status during 2021 (fill in only one)	Homeowner	Tenant
40. Property Tax Deduction (From Worksheet H) (See instructions)	40.	1656 .
41. New Jersey Taxable Income (Subtract line 40 from line 38)	41.	126658 .
42. Tax on Amount on line 41 (Tax Table page 52)	42.	5942 .
43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	1824 .
Enter Code		32
44. Balance of Tax (Subtract line 43 from line 42)	44.	4118 .
45. Sheltered Workshop Tax Credit	45.	. .
46. Gold Star Family Counseling Credit (See instructions)	46.	. .
47. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	47.	. .
48. Total Credits (Add lines 45 through 47)	48.	. .
49. Balance of Tax After Credits (Subtract line 48 from line 44) If zero or less, make no entry	49.	4118 .
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	50.	0 .
51. Interest on Underpayment of Estimated Tax	51.	. .
Fill in if Form NJ-2210 is enclosed		
52. Shared Responsibility Payment (See instructions) <b>REQUIRED</b> Enclose Schedule HCC and fill in <input checked="" type="checkbox"/>	52.	0 .



040MP04210

Name(s) as shown on Form NJ-1040  
PASUPULETI URMILA

Your Social Security Number  
870896007

1555

53. Total Tax Due (Add lines 49 through 52)	53.	4118 .
54. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	54.	4633 .
55. Property Tax Credit (See instructions page 23)	55.	.
56. New Jersey Estimated Tax Payments/Credit from 2020 tax return	56.	.
57. New Jersey Earned Income Tax Credit (See instructions)	57.	.
Fill in if you had the IRS calculate your federal earned income credit		
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit		
58. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	58.	.
59. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	.
60. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.
61. Wounded Warrior Caregivers Credit (See instructions)	61.	.
62. Pass-Through Business Alternative Income Tax Credit (See instructions)	62.	.
63. Child and Dependent Care Credit (See instructions)	63.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
64. Total Withholdings, Credits, and Payments (Add lines 54 through 63)	64.	4633 .
65. If line 64 is less than line 53, you have tax due. Subtract line 64 from line 53 and enter the amount you owe	65.	.
If you owe tax, you can still make a donation on lines 68 through 75.		
66. If the total on line 64 is more than line 53, you have an overpayment. Subtract line 53 from line 64 and enter the overpayment	66.	515 .
67. Amount from line 66 you want to credit to your 2022 tax	67.	.
68. Contribution to N.J. Endangered Wildlife Fund	\$10	\$20 Other .
69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20 Other .
70. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20 Other .
71. Contribution to N.J. Breast Cancer Research Fund	\$10	\$20 Other .
72. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20 Other .
73. Other Designated Contribution (See instructions)	\$10	\$20 Other Enter Code .
74. Other Designated Contribution (See instructions)	\$10	\$20 Other Enter Code .
75. Other Designated Contribution (See instructions)	\$10	\$20 Other Enter Code .
76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)	76.	.
77. Balance due (If line 65 is more than zero, add line 65 and line 76)	77.	.
78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66)	78.	515 .

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

urmila 03/08/2022  
Your Signature Date

\_\_\_\_\_  
Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature

\_\_\_\_\_  
Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Firm's Name

P02082703  
Firm's Federal Employer Identification Number

GLOBAL TAXES LLC

30-1017196

**Tax Due Address**  
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:  
State of New Jersey  
Division of Taxation  
Revenue Processing Center - Payment  
PO Box 111  
Trenton, NJ 08645-0111  
Include Social Security number and make check or money order payable to:  
State of New Jersey - TGI  
You can also make a payment on our website:  
nj.gov/taxation

**Refund or No Tax Due Address**  
Use the labels provided with the envelope and mail to:  
New Jersey Division of Taxation  
Revenue Processing Center - Refunds  
PO Box 555  
Trenton, NJ 08647-0555



**Schedule NJ-BUS-1**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2021**

<b>Part I</b> Net Profits From Business		List the net profit (loss) from business(es). See instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)		4.

<b>Part II</b> Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.		
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 62, NJ-1040.)		5.	

<b>Part III</b> Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.		
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 62, NJ-1040)		5.	

<b>Part IV</b> Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	PLOT NO 615 PHASE 2	870896007	1	-10,510.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)			4.
				-10,510.



Name(s) as shown on Form NJ-1040 PASUPULETI, URMILA	Social Security Number 870-89-6007
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**Schedule NJ-BUS-2**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2021**

Part I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	0.
2.	Distributive Share of Partnership Income	2a.	0.	2b.	0.
3.	Net Pro Rata Share of S Corporation Income	3a.	0.	3b.	0.
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.	4b.	-10,510.
5.	Loss Carryforward From Tax Year 2020			5b.	( )
6.	Totals	6a.	0.	6b.	-10,510.
<b>Part II Adjustment Calculation</b>					
7.	Total Regular Business Income	7.	0.		
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.		
9.	Business Increment (Subtract line 8 from line 7)	9.	0.		
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.		
<b>Part III Loss Carryforward to Tax Year 2022</b>					
12.	Loss Carryforward to Tax Year 2022	12.	(	10,510.	)

**Instructions**

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2020 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2021 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

If your income on line 29 is at or below the filing threshold,  
do not complete this schedule.

Name as Shown on Return PASUPULETI, URMILA	Social Security No. 870-89-6007
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**Part I**

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2021 (See instructions for line 52, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 52, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

**Part II**

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 52, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

**QuickZoom** to Shared Responsibility Payment Calculation Worksheet . . . . . → \_\_\_\_\_

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>



New York State E-File Signature Authorization for Tax Year 2021
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Table with 2 columns: Taxpayer's name (URMILA PASUPULETI), Spouse's name (jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, and NYC-210, Claim for New York City School Tax Credit.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2021 Form IT-370 and Tax Year 2022 Form IT-2105.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A - Tax return information

Table with 2 columns: Line number, Description, Amount. Includes fields for Federal adjusted gross income, Refund, Amount you owe, Financial institution routing number, Financial institution account number, and Account type (Personal checking, Personal savings, Business checking, Business savings).

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2021 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete.

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2021 electronic return.

Table with 2 columns: Signature (Taxpayer's, Spouse's), Date

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic personal income tax return is the information furnished to me by the taxpayer.

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

Table with 3 columns: Signature (ERO's, Paid preparer's), Print name (GLOBAL TAXES LLC, SYAM PRIYA RAM SAGAR GUPTA TALLAM), Date (03072022)



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning .....

# IT-203

21

and ending .....

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial URMILA		Your last name (for a joint return, enter spouse's name on line below) PASUPULETI		Your date of birth (mmddyyyy) 08021990	Your Social Security number 870896007
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 12) (number and street or PO Box) 47 REDBUD RD				Apartment number	New York State county of residence NR
City, village, or post office PISCATAWAY		State NJ	ZIP code 08854	Country	School district name NR
Taxpayer's permanent home address (see instr., pg. 12) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country		Decedent information	Taxpayer's date of death
					Spouse's date of death

### A Filing status (mark an X in one box):

- ①  Single
- ②  Married filing joint return (enter both spouses' Social Security numbers above)
- ③  Married filing separate return (enter both spouses' Social Security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er)

**B** Did you itemize your deductions on your 2021 federal income tax return? Yes  No

**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes  No

**D1** Did you have a financial account located in a foreign country? (see page 13) Yes  No

**D2** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes  No

### E New York City part-year residents only (see page 13)

- (1) Number of months you lived in NY City in 2021 ....
- (2) Number of months your spouse lived in NY City in 2021 .....

**F** Enter your 2-character special condition code(s) if applicable (see page 13) .....

### G New York State part-year residents (see page 14)

- Enter the date you moved into or out of NYS (mmddyyyy) .....
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS .....
  - 2) Lived outside NYS; received income from NYS sources during nonresident period .....
  - 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

### H New York State nonresidents (see page 14)

Did you or your spouse maintain living quarters in NYS in 2021? Yes  No   
(if Yes, complete Form IT-203-B)



### I Dependent information (see page 14)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



203001213555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
870896007

**Federal income and adjustments** (see page 16)

**Federal amount**  
Whole dollars only

**New York State amount**  
Whole dollars only

1	Wages, salaries, tips, etc. ....	1	127678 .00	1	39688 .00
2	Taxable interest income .....	2	.00	2	.00
3	Ordinary dividends .....	3	2 .00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) .....	4	.00	4	.00
5	Alimony received .....	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040) .....	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....	7	29 .00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) .....	11	-10510 .00	11	.00
12	Rental real estate included in line 11 (federal amount) <b>12.</b> -10510 .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 104) .....	13	.00	13	.00
14	Unemployment compensation.....	14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26) .....	15	.00	15	.00
16	Other income (see page 22) Identify: .....	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	117199 .00	17	39688 .00
18	Total federal adjustments to income (see page 22) Identify: .....	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17) ..	19	117199 .00	19	39688 .00
19a	Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	19a	117199 .00	19a	39688 .00

**New York additions** (see page 24)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities) .....	20	.00	20	.00
21	Public employee 414(h) retirement contributions .....	21	.00	21	.00
22	Other (Form IT-225, line 9) .....	22	.00	22	.00
23	Add lines 19a through 22 .....	23	117199 .00	23	39688 .00

**New York subtractions** (see page 25)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	24	.00	2	.00
25	Pensions of NYS and local governments and the federal government (see page 25) .....	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15) .....	26	.00	26	.00
27	Interest income on U.S. government bonds .....	27	.00	27	.00
28	Pension and annuity income exclusion .....	28	.00	2	.00
29	Other (Form IT-225, line 18) .....	29	.00	29	.00
30	Add lines 24 through 29 .....	30	.00	30	.00
31	<b>New York adjusted gross income</b> (subtract line 30 from line 23)	31	117199 .00	31	39688 .00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 117199 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1 URMILA PASUPELETI	Enter your Social Security number 870896007
---	--

**Standard deduction or itemized deduction** (see page 27)

33 Enter your **standard deduction** (table on page 27) or your **itemized deduction** (from Form IT-196).

Mark an **X** in the appropriate box: ...  **Standard** – or –  **Itemized**

33	8000.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	109199.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 27)	000.00
36 <b>New York taxable income</b> (subtract line 35 from line 34)	109199.00

**Tax computation, credits, and other taxes**

37 <b>New York taxable income</b> (from line 36)	109199.00
38 New York State tax on line 37 amount (see page 28)	6486.00
39 New York State household credit (page 28, table 1, 2, or 3)	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	6486.00
41 New York State child and dependent care credit (see page 29)	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	6486.00
43 New York State earned income credit (see page 29)	.00

44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	6486.00
--	---------

45 Income percentage (see page 29)  New York State amount from line 31  ÷ Federal amount from line 31  =  Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	2196.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	2196.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 <b>Total New York State taxes</b> (add lines 48 and 49)	2196.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

51 Part-year New York City resident tax (Form IT-360.1)	51	.00
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from line 51	52a	.00
52b MCTMT net earnings base	52b	.00
52c MCTMT	52c	.00
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54)	55	.00
56 <b>Sales or use tax</b> (See the instructions on page 31. Do not leave line 56 blank.)	56	0.00
57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	57	.00
58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57)	58	2196.00

See instructions on pages 29 through 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203003213555





Enter your Social Security number
870896007

59 Enter amount from line 58 ..... 59 2196.00

Payments and refundable credits (see page 32)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 10 and 11). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 34 through 36)

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [ ] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 35 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2022 tax, amount to be paid by electronic funds withdrawal, and estimated tax penalty.

See page 38 for the proper assembly of your return.

Account information for direct deposit or electronic funds withdrawal (see page 36). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 36) [ ]

7 a Account type: [X] Personal checking - or - [ ] Personal savings - or - [ ] Business checking - or - [ ] Business savings
73b Routing number 021200339 73c Account number 381041325845

74 Electronic funds withdrawal (see page 36) ..... Date [ ] Amount [ ] .00

Third-party designee? (see instr.) Yes [ ] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Email.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, Email.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

## W-2 Record 1

**Box a** Employee's Social Security number for this W-2 Record

870896007

**Box b** Employer identification number (EIN)

943322844

**Box c** Employer's information

<b>Employer's name</b> RINGCENTRAL INC			
<b>Employer's address (number and street)</b> 20 DAVIS DR			
City BELMONT	State CA	ZIP code 94002	Country (if not United States)

**Box 1** Wages, tips, other compensation

87990.00

**Box** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 1** Nonqualified plans

.00

**Box 12a** Amount

57.00

Code

C

**Box 12b** Amount

4875.00

Code

D

**Box 12c** Amount

6381.00

Code

D D

**Box 12d** Amount

.00

Code

**Box 14a** Amount

256.00

Description

FLI

**Box 14b** Amount

6934.00

Description

RSU

**Box 14c** Amount

440.00

Description

NJ SDI

**Box 14d** Amount

154.00

Description

UI/HC/WD

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State

N | Y

**Box 16a** NYS wages, tips, etc.

.00

**Box 17a** NYS income tax withheld

.00

**Other state information:**

**Box 15b** other state

N | J

**Box 16b** Other state wages, tips, etc.

88783.00

**Box 17b** Other state income tax withheld

4633.00

**NYC and Yonkers information (see instr.):**

**Box 18** Local wages, tips, etc.

Locality a .00

Locality b .00

**Box 19** Local income tax withheld

Locality a .00

Locality b .00

**Box 20** Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

**Box a** Employee's Social Security number for this W-2 Record

870896007

**Box b** Employer identification number (EIN)

134069806

**Box c** Employer's information

<b>Employer's name</b> HF MANAGEMENT SERVICES, LLC PAYROLL DEPT			
<b>Employer's address (number and street)</b> 100 CHURCH ST. 18TH FLOOR			
City NEW YORK	State NY	ZIP code 10007	Country (if not United States)

**Box** Wages, tips, other compensation

39688.00

**Box** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

4498.00

Code

D

**Box 12b** Amount

22.00

Code

C

**Box 12c** Amount

3310.00

Code

D D

**Box 12d** Amount

.00

Code

**Box 14a** Amount

230.00

Description

PFL

**Box 14b** Amount

.00

Description

**Box 14c** Amount

.00

Description

**Box 14d** Amount

.00

Description

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State

N | Y

**Box 16a** NYS wages, tips, etc.

39688.00

**Box 17a** NYS income tax withheld

2298.00

**Other state information:**

**Box 15b** other state

N | J

**Box 16b** Other state wages, tips, etc.

40500.00

**Box 17b** Other state income tax withheld

0.00

**NYC and Yonkers information (see instr.):**

**Box 18** Local wages, tips, etc.

Locality a .00

Locality b .00

**Box 19** Local income tax withheld

Locality a .00

Locality b .00

**Box 20** Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001213555

