Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpa	yer's name		Social securit	y number	
SHI	IVA K SOMARAM		055-81-	-9122	
Spous	e's name		Spouse's soci	ial security	number
Par	t I Tax Return Information – Tax Year Ending December 31,	2021 (Enter	year you ai	re autho	rizing.)
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	90,346.
2	Total tax			2	12,793.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	15,116.
4	Amount you want refunded to you			4	2,323.
5	Amount you owe			5	
Par	t II Taxpayer Declaration and Signature Authorization (Be sure yo	ou get and k	eep a copy	y of you	r return)

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

Taxpayer's PIN: check one box only

				EBO firm name		Ē	Π
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-
			-				

1	9	1	2	2	
Ent don	er fiv n't er	/e di nter a	gits, all ze	but ros	as

my

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

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

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

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date ►	
Practitioner PIN Method Ret	Irns 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. <u>5</u> 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 >	signature Date Date						
	ERO Must Retain This Form — Se Jbmit This Form to the IRS Unless						
For Denemicarly Deduction Act Nation	very tex veture instructions	DEV/ 02/17/22 DDO	Earm 8879 (Payr 01 2021)				

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

Filing Status No Single Married filing parately (MFS) Head of household (HOH) Qualitying widow(er) (QW) Check only 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 widow(er) (QW) Tour retar name and middle initial Last name Vour social security number SHIVA K Spouse's social security number Spouse's social security number Home address (number and street, If you have a P.O. box, see instructions. Apt. no. Spouse's social security number 100, row or poor Spouse's social security number Bate Direckhere if you, or your 208, W NORTH TEMFLE ST 355 Check here if you, or your base a foreign address, also complete spaces below. State Dir Bata 100 Dir own or poose if filing jointy, want 33 Dir own or poose if filing jointy, want 33 Dir own or own or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Spouse itemizes on a separate return or your were a dual-status alien Own is pouse if migric pointer is pouse is dependent Deductino	E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No. 1	545-007	4 IRS L	Jse Only	–Do not v	vrite or staple	in this space.
SHIVA K SOMARAM 055-81-91.2 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. Apt. no. Spouse's first name and middle initial Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Spouse's first name and middle initial Solution (201, town, or post office. If you have a forsign address, also complete spaces below. State Image: Spouse's first name and middle initial Foreign country name Foreign province/state/county Foreign postal code box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Vec Vec Vec No Spouse Age/Blindness You: Ware bom before January 2, 1957 Are blind Spouse: Was bom before January 2, 1957 Is blind Dependents See instructions): (1) Frist name Last name Image: Coll ascurity Child tax credit Credit for other dependent Age/Blindness You: Ware so and before January 2, 1957 Is blind Deforedinatis See instr	Check only	lf yo	u checked the MFS box, enter the n	ame of y	-		,				,		, 0	. , . ,
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. Apt. no. 355 308 W NORTH TEMPLE ST Ochock here if you, or your 355 City, town, or post office. If you have a foreign address, also complete spaces below. UT 84103 box below will not change Foreign country name Foreign province/state/country To esidential Election Campaign you it ax or refund. You Spouse's social security name Foreign province/state/country Foreign postal code you it ax or refund. You Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1957 A re blind Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Wages, salaries, tips, etc. Attach Form(6) W-2 Immediate instructions; (a) Feature form dependent: if more than four dependents, see instructions; 3a b Social security market 2b 100, 416. Standard 2a b Taxable innerest 2b 100, 416. 3b Standard redures, tips, etc. Attach Form(6) W-2 1 100, 416. 2b 3b <t< td=""><td>Your first name</td><td>and mi</td><td>ddle initial</td><td>Last na</td><td>me</td><td></td><td></td><td></td><td></td><td></td><td></td><td>Your so</td><td>cial securi</td><td>ty number</td></t<>	Your first name	and mi	ddle initial	Last na	me							Your so	cial securi	ty number
Home address (number and street), If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 355 City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code SALT LAKE CITY 84103 box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse if filing jointly, want 33 At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Someone can claim: You as dependent Your spouse as a dependent Yes No Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: (9) Secial security to you Child fact credit credit or dihe dipendent than four dependents, see instructions): (9) Social security to you Child fact credit credit or dipendents derively 1 100, 416. 2b Child fact credit credit or dipendents see instructions 3a b b Child fact credit credit or dipendents derively 3a Cualified dividends 3a b Child fact credit credit or dipendents for each street	SHIVA K			SOMA	RAM							055-	81-912	2
308 W NORTH TEMPLE ST 355 Check here if you or your SALT LAKE CITY UT 84103 bg pouse if filing jointly, want \$3 Foreign country mame Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county You \$\$ pouse if filing jointly, want \$3 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 Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1957 I b bind Dependents (a) First name Last name (a) Foreign province (1) First name Credit for other dependent If more (1) First name Last name (a) Spouse: Was born before January 2, 1957 I b lond Attach 2a Tax-exempt interest 2a b Credit for other dependent iere in the other 3a b b Taxable amount 4b b Standard Qualified dividends 3a b Taxable amount 4b b	If joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number
Solution Image: Solution in the second s				instructio	ons.					•		•		
SALT LAKE CITY UT 84103 box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Dependents (i) First name Last name number (i) I first name (i) I first name </td <td></td> <td></td> <td></td> <td>molete s</td> <td>naces hel</td> <td>0.10/</td> <td>Stat</td> <td>to .</td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td>, ,</td>				molete s	naces hel	0.10/	Stat	to .				1		, ,
Foreign country name Foreign province/state/county Foreign postal code your tax in mouth of the second postal code At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes X no Standard Someone can claim: You as a dependent Your spouse as a dependent Yes X no Deduction Spouse itemizes on a separate return or you were a dual-status alien Someone can claim: You as born before January 2, 1957 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) I if qualifies for (see instructions): If more (1) First name Last name Introduction Introduction Introduction and check Imore Imore Imore Imore Imore Imore Attach 2a Tax-exempt interest 2a Imore Imore Imore Imore Imore 4 IA (Match distributions Imore Imor				inpiete 3	paces bei	011.						Ŭ		0
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Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Single or Married filing separately, \$12,550 8 Other income from Schedule 1, line 10 8 -10,070. 9 90,346. • Married filing jointly or Qualifying widow(er), \$25,100 10 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 90,346. 10 12a Standard deduction or itemized deductions (from Schedule A) 11 90,346. 12b Standard deduction or itemized deduction (from Schedule A) 12a 12,550. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,850. 14 12,850.		5a	Pensions and annuities	5a			bΤ	axable amo	ount .			. 5k)	
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		15	Taxable income. Subtract line 14	from lin	e 11. lf z	ero or less	, ente	r-0			•	. 15	5	77,496.

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	12,793.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	12,793.
	19	Nonrefundable child tax cred	dit or credit for o	other depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	12,793.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	12,793.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 15	,116.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c						25d	15,116.
If you have a	26	2021 estimated tax payment			37			26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a		-	
		Check here if you were b January 2, 2004, and you							
		taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	с	Prior year (2019) earned inco							
	28	Refundable child tax credit or		L	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, lin	e15			31			
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	lits 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. 🕨	33	15,116.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34	2,323.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	eck here		35a	2,323.
Direct deposit?	►b	Routing number 0 2 1	0 0 0 3	2 2	► c Type: 🛛	Checking	Savings		
See instructions.	►d	Account number 4 8 3	0 6 9 0	3 1 6 2	1 1				
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS				_
Designee	ins	structions				. 🕨 🗌 Yes. Co	omplete k	pelow.	X No
		signee's ne ►		Phone			onal identi		
0.			hat I have averaine	no. ►			per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Identity
		0							N, enter it here
Joint return?						ROFESSIONAL		inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an action PIN, enter it here
your records.								inst.) 🕨	
	Ph	one no. (973)652-509	7	Email address	SHTVASOMA	RAM@GMAIL.CC	M		
		eparer's name	Preparer's signat		DIT VADORA	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAN	1 02/25/2022	P02083	2703	Self-employed
Preparer		m's name ► GLOBAL TAX							678)965-9522
Use Only		m's address ► 2530 Pebbl		n Cummin	q GA 30041			's EIN ►	
Go to www.irs.o		n1040 for instructions and the late			BAA	REV 02/17/22 PRO			Form 1040 (2021)
	OIII	and the late	et mormation.		DAA	NEV 02/17/22 PRU			(2021)

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 for instructions and the latest info . . OMB No. 1545-0074 2021 Attachment

ormation.		Sequence No. 01
	Your soc	ial security number
	055 01	0100

Ν

	s) shown on Form 1040, 1040-SR, or 1040-NR				ecurity number
	t I Additional Income		055-8	1-91	.22
1	Taxable refunds, credits, or offsets of state and local income taxe			1	
	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions)				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E			5	-10,070.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling income	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Taxable Health Savings Account distribution	8e			
f	Alaska Permanent Fund dividends	8f			
g	Jury duty pay	8g			
h	Prizes and awards	8h			
i	Activity not engaged in for profit income	8i			
j	Stock options	8j			
k					
	the rental for profit but were not in the business of renting such property	8k			
Т	Olympic and Paralympic medals and USOC prize money (see				
-	instructions)	81			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
ο	Section 461(I) excess business loss adjustment	80			
р	Taxable distributions from an ABLE account (see instructions) .	8р			
z	Other income. List type and amount ►				
•		8z			
9	Total other income. Add lines 8a through 8z		+	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1 1040-NR, line 8			10	-10,070.

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

Schedule 1 (Form 1040) 2021

-10,070.

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions) . . . 24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i		
j	Housing deduction from Form 2555 . . . 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k		
z	Other adjustments. List type and amount ► 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 02/17/22 PRO

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

Attachment Sequence No. 13

20

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
 Go to www.irs.gov/ScheduleE for instructions and the latest information.

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return								ty number	
	/A K SOMARAM						055-8	-		
Part	Income or Loss From Rental Real Estate and Ro	oyaltie	s Note	: If you	are in th	e business c	of renting per	rsonal p	roperty, use	1
	Schedule C. See instructions. If you are an individual, rep	oort far	m rental i	ncome	or loss f	rom Form 48	335 on page	2, line 4	0.	
A Die	d you make any payments in 2021 that would require you to	o file F	orm(s) 1	099? S	See inst	ructions .		. 🗆 `	Yes 🛛 No	o
B If '	"Yes," did you or will you file required Form(s) 1099?							. 🗆 `	Yes 🗌 No	0
1a	Physical address of each property (street, city, state, ZI									
Α	KAKATIYA COLONY HANAMKONDA TELANGANA	IN 5	06011							
В										
C										
1b	Type of Property 2 For each rental real estate pro	perty I	isted		-	Rental	Persona		QJV	
	(from list below) above, report the number of fa personal use days. Check the	air rent	al and		[Days	Days	S		
Α	3 if you meet the requirements t	o file a	as a	Α		365		0		
В	qualified joint venture. See ins	tructio	ons.	В						
C				С						
Туре	of Property:									
1 Sing	gle Family Residence 3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental				
	Iti-Family Residence 4 Commercial		oyalties		8 Othe	r (describe)			
Incom	ne: Properties:			Α		E	3		С	
3	Rents received	3			450.					
4	Royalties received	4								
Exper										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		2,	100.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10		1,	400.					
11	Management fees	11								
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		3,	150.					
15	Supplies	15		2,	740.					
16	Taxes	16								
17	Utilities	17		1,	130.					
18	Depreciation expense or depletion	18								
19	Other (list) ►	19								
20	Total expenses. Add lines 5 through 19	20		10,	520.					
21	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	21		-10,	070.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(10,0)70.)	()	()
23a	Total of all amounts reported on line 3 for all rental prope				23 a		450.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	1	0,520.			
24	Income. Add positive amounts shown on line 21. Do no		-				. 24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	s from lir	ne 22. E	inter tot	al losses her	e. 25	(10,070	.)
26	Total rental real estate and royalty income or (loss).	Comb	oine lines	s 24 ar	id 25. E	Enter the re	sult			
	here. If Parts II, III, IV, and line 40 on page 2 do not	apply	to you,	also	enter th	nis amount	on			
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	moun	t in the to	otal on	line 41	on nage 2	26		-10.07	0.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Form 8582

Passive Activity Loss Limitations

► See separate instructions.

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

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Identifying number

055-81-9122

Internal Revenue Service (99) Name(s) shown on return

Part I

Department of the Treasury

SHIVA K SOMARAM

	Caution: Complete Parts IV and V before completing Part I.		
	Il Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(10,070.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-10,070.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a))2aActivities with net loss (enter the amount from Part V, column (b))2bPrior years' unallowed losses (enter the amount from Part V, column (c))2cCombine lines 2a, 2b, and 2c	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-10,070.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

2021 Passive Activity Loss

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Par	Part II Special Allowance for Rental Real Estate Activities With Active Participation							
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	tions for an	examp	le.		
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3				4	10,070.
5	Enter \$150,000. If married filing separ	ately, see instructi	ions	5	1	50,000.		
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions 6	1	00,416.		
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	es 7 and 8 and ent	er -0-				
7	Subtract line 6 from line 5			7		49,584.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filir	ng separatel	, see i	nstructions	8	24,792.
9	Enter the smaller of line 4 or line 8						9	10,070.
Par	t III Total Losses Allowed							
10	Add the income, if any, on lines 1a an	d 2a and enter the	etotal				10	0.
11	Total losses allowed from all passiv	e activities for 20	21. Add lines 9 an	d 10. See ir	structi	ons to find		
	out how to report the losses on your t	ax return					11	10,070.
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instruct	ions.			
	Name of activity	Currer	nt year	Prior yea	ars	Ove	rall ga	ain or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallo loss (line		(d) Gair	1	(e) Loss
KAK	ATIYA COLONY	0.	10,070.					10,070.

Total. Enter on Part I, lines 1a, 1b, and 1c ►	0.	10,070.			
For Paperwork Reduction Act Notice, see instru	ictions. BAA		REV 02/17	/22 PRO	Form 8582 (2021)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Partv	Complete This Part Belor	e Part I, Lines 2	a, 20,	anu zc. S		suons.			
	Name of activity	Currer	nt year		Prior y	ears	Overa	all gain or loss	
	Name of activity		(b)	Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss
		(line 2a)	(II	116 2.0)	1033 (111	6 20)			
Total. Enter c Part VI	on Part I, lines 2a, 2b, and 2c ► Use This Part if an Amour	nt Is Shown on F	Part II.	Line 9. S	ee instruc	tions			
			urt II,						
	Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
KAKATIYA	COLONY	E Ln 22		10,070.	1.0000	0000	10,07	0.	0.
	Allocation of Unallowed L	>		10,070.	1.0	0	10,07	0.	0.
Part VII	Allocation of Unallowed L			IS.					
	Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	LOSS	(b) Ratio	(c)	Unallowed loss
Total			. 🕨				1.00		
Part VIII	Allowed Losses. See instru-	uctions.							
	Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	LOSS	(b) Ur	allowed loss	(c) Allowed loss
Total									
Total			. 🕨						

REV 02/17/22 PRO

Form **8582** (2021)

40101		Utah Indi	ividual In	x Commission ICOME Tax Re Dollars Fund Educat		2021 TC-40
1000		• Am	ended Return -	enter code: (see instructio	
Your Social Security No. 055819122 Spouse's Soc. Sec. No.	Your first name SHIVA Spouse's first name	Your last name SOMARAM Spouse's last nam	ne			Full-yr Resident? Y/N Y
If deceased, complete page 3, Part 1	Address 308 W NOR ^{City} SALT LAKE	TH TEMPLE ST, APT State	355 _{ZIP+4} 84103		number 52–50 untry (if not L	
1 Filing Status - enter	code	• 2 Qualifying Dependents		3 Election Can	npaign Fun	d
1 = Single		a Dependents age 16 and	under			or reduce your refund.
• <u>1</u> 2 = Married filin		b Other dependents		Enter the code fo		Yourself Spouse
3 = Married filin 4 = Head of hou	• • •	c () Total (add lines a and b)		party of your choi See instruction		•
5 = Qualifying v		Dependents must be claimed for the	ne child tax			netax.utah.gov/elect.
If using code 2 or 3, enter spouse		credit on your federal return. See i		If no contribution,	-	
4 Federal adjusted gro	ss income from feder	al return			• 4	90346
5 Additions to income f	rom TC-40A, Part 1 (attach TC-40A, page 1)			• 5	
6 Total income - add lir	ne 4 and line 5				6	90346
7 State tax refund inclu	ided on federal form '	1040, Schedule 1, line 1 (if any)			• 7	
8 Subtractions from inc	come from TC-40A, P	art 2 (attach TC-40A, page 1)			• 8	
9 Utah taxable incom	e (loss) - subtract the	e sum of lines 7 and 8 from line 6			• 9	90346
10 Utah tax - multiply lir	ne 9 by 4.95% (.0495) (not less than zero)			• 10	4472
11 Utah personal exemp	tion (multiply line 2c b	y \$1,750)	• 11	0		
12 Federal standard or i	temized deductions		• 12	12550	is	lectronic filing quick, easy and
13 Add line 11 and line 1	12		13	12550		free, and will ed up your refund.
14 State income tax incl	uded in federal itemiz	red deductions	• 14		1	Fo learn more,
15 Subtract line 14 from	line 13		15	12550		go to tap.utah.gov
16 Initial credit before pl	nase-out - multiply line	e 15 by 6% (.06)	• 16	753	L	
		eparately); \$22,643 (if head d filing jointly or qualifying widower)	• 17	15095		
		e 17 from line 9 (not less than zero)	18	75251		
19 Phase-out amount - r	multiply line 18 by 1.3	9% (.013)	• 19	978		
20 Taxpayer tax credit -	subtract line 19 from	line 16 (not less than zero)			• 20	0
21 If you are a qualified	exempt taxpayer, ent	er "X" (complete worksheet in instr.)	• 21			
22 Utah income tax - se REV 02/05/22 PRO	ubtract line 20 from li	ne 10 (not less than zero)			• 22	4472

402	U 1 102 ss		dividual Incom 55819122		•	t inued) SOMARAM		INTUIT	TC-40 2021	Pg. 2
23	Enter tax fr	rom TC-4	10, page 1, line 22						23	4472
24	Apportiona	able nonro	efundable credits from	n TC-40A, Pa	rt 3 (attach T	C-40A, page 1))		• 24	
25			subtract line 24 from li sident, complete and	,	,	TC-40B line 4	1		• 25	4472
26			nonrefundable credits			-			• 26	
27	Subtract lir	ne 26 froi	m line 25 (not less tha	n zero)					27	4472
28	Voluntary c	contributi	ons from TC-40, page	3, Part 4 (att	ach TC-40, p	age 3)			• 28	
29	AMENDED) RETUR	RN ONLY - previous re	fund					• 29	
30	Recapture	of low-in	come housing credit						• 30	
31	Utah use ta	ax							• 31	
32	Total tax, u	use tax a	and additions to tax	(add lines 27	through 31)				32	4472
33	Utah incom	ne tax wit	thheld shown on TC-4	0W, Part 1 (a	ittach TC-40V	V, page 1)			• 33	4971
34	Credit for L	Jtah inco	ome taxes prepaid fror	n TC-546 and	l 2020 refund	applied to 202	21		• 34	
35	Pass-throu	ıgh entity	withholding tax show	n on TC-40W	/, Part 3 (attao	ch TC-40W, pa	ge 2)		• 35	
36	Mineral pro	oduction	withholding tax showr	on TC-40W,	Part 2 (attac	h TC-40W, pag	je 2)		• 36	
37	AMENDED) RETUR	RN ONLY - previous pa	ayments					• 37	
38	Refundable	e credits	from TC-40A, Part 5 (attach TC-40	A, page 2)				• 38	
39	Total withh	olding ar	nd refundable credits -	add lines 33	through 38				39	4971
40 41			t line 39 from line 32 (t (see instructions)	not less than	zero)		41		• 40	
42	-		THIS AMOUNT - add	line 40 and li	ine 41				• 42	
43	REFUND -	- subtract	t line 32 from line 39 (not less than :	zero)				• 43	499
44			ons from refund (not g page 3, Part 5	reater than lir	ne 43)				• 44	
45		EPOSIT	YOUR REMAINING I 021000322		ovide accoun unt number	t information (s		-	counts) checking	savings

Under penaltie	es of perjury, I declare to t	he best of my knowledge and	belief, this return ar	nd accompa	nying schedules are true, correc	t and complete.	
SIGN Your	signature		Date	Spouse's s	signature (if filing jointly)		Date
HERE							
Third Party	Name of designee (if any	 you authorize to discuss this 	return		Designee's telephone number	Designee PIN	
Designee						•	
	Preparer's signature		Date		Preparer's telephone number	Preparer's PTIN	l
Paid	SYAM PRIYA	A RAM SAGAR G	02/25/2	2	6789659522	•	P02082703
Preparer's	Firm's name	LOBAL TAXES I	LC			Preparer's EIN	
Section	and address 2	530 PEBBLE CR	REEK LN			•	301017196
	C	UMMING		G	GA 30041		

Attach TC-40 page 3 if you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making voluntary contributions, want to deposit into a my529 account, want to apply all/part of your refund to next year's taxes, want to direct deposit to a foreign account, or no longer qualify for a homeowner's exemption. REV 02/05/22 PRO

TC-40W

2021

Line Explanations	IMPORTANT			
 Employer/payer ID number from W-2 box "b" or 1099 Utah withholding ID number from W-2 box "15" or 1099 (14 characters, ending in WTH, no hyphens) Employer/payer name and address from W-2 box "c" or 1099 Enter "X" if reporting Utah withholding from form 1099 Employee's Social Security number from W-2 box "a" or 1099 Utah wages or income from W-2 box "16" or 1099 Utah withholding tax from W-2 box "17" or 1099 	 Do not send your W-2s or 1099s with your return. Instead enter W-2 or 1099 information below, but only if there is Utah withholding on the form. Use additional forms TC-40W if you have more than four W-2s and/or 1099s with Utah withholding tax. Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W. 			
First W-2 or 1099	Second W-2 or 1099			
1 135108880	1			
2 12249890004WTH (14 characters, no hyphens)	2 (14 characters, no hyphens)			
³ GOLDMAN SACHS & CO LLC 30 HUDSON STREET 19TH FLOOR	3			
JERSEY CITY NJ07302				
4	4			
⁵ 055819122	5			
⁶ 100416.	6			
7 4971.	7			
Third W-2 or 1099	Fourth W-2 or 1099			
1	1			
2 (14 characters, no hyphens)	2 (14 characters, no hyphens)			
3	3			
4	4			
5	5			
6	6			
7	7			

Enter total Utah withholding tax from all lines 7 here and on TC-40, page 2, line 33: 4971.

Submit page ONLY if data entered. Attach completed schedule to your Utah Income Tax Return. Do not attach W-2s or 1099s to your Utah return.