Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

	1.070/1.00 00/1.00					
Submi	ission Identification Number (SID)					
Taxpaye	er's name		Social secu	rity numl	ber	
SHIV	VA K SOMARAM		055-81	L-912	2	
Spouse'	's name		Spouse's so	cial sec	urity numbe	er
Part	Tax Return Information — Tax Year Ending December 31,	2021 (En	ter year you	ara au	thorizina	1
	whole dollars only on lines 1 through 5.	ZUZI (LII	ter year you	are au	unonzing	•)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income			1 1	l ar	346.
2	Total tax			2		2,793.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		
4	Amount you want refunded to you			4		5,116.
5	Amount you owe			5		2,323.
Part		ou get and	d keep a co	_	our reti	ırn)
	penalties of perjury, I declare that I have examined a copy of the income tax return (origin					
return (to send for any Agent t paymen authoriz paymen busines taxes t persona	owledge and belief, it is true, correct, and complete. I further declare that the amount (original or amended) I am now authorizing. I consent to allow my intermediate service pd my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt of delay in processing the return or refund, and (c) the date of any refund. If applicable, I to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution of my federal taxes owed on this return and/or a payment of estimated tax, and the finitization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cass days prior to the payment (settlement) date. I also authorize the financial institutions to receive confidential information necessary to answer inquiries and resolve issues real identification number (PIN) below is my signature for the income tax return (original case).	provider, trans or reason for authorize the ion account in nancial institutent to terminancellation re- involved in the related to the	smitter, or elect rejection of the U.S. Treasury ndicated in the ution to debit the authorize equests must be processing of payment. I furnitude to the second of the processing of the processi	ronic retransminand its cand i	turn origina ssion, (b) t designated paration so to this acc To revoke ved no lat lectronic pa cknowledge	ator (ERO) he reason I Financial iftware for ount. This (cancel) a er than 2 ayment of e that the
	onic Funds Withdrawal Consent. Bayer's PIN: check one box only					
X		r or genera	te my DIN	L 9 :	1 2 2	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing	J	· E		digits, but er all zeros	asiny
	, ,	•		. 0		
	I will enter my PIN as my signature on the income tax return (original or am if you are entering your own PIN and your return is filed using the Practitic below.					
Your s	signature SHIVA K SOMARAM	Date ►	02/25/20	22		
Snous	se's PIN: check one box only		_			
Ороше	_	er or generat	te my DIN			as my
	ERO firm name	or general		nter five	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing	ng.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or am if you are entering your own PIN and your return is filed using the Practitic below.	ended) I am				
Spous	se's signature ▶	Date ►				
	Practitioner PIN Method Returns Only—cor	ntinue belo	w			
Part	III Certification and Authentication — Practitioner PIN Method C	Only				
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected P	PIN. 5	8 7 2 7 Don't er	8 6	-	3 9
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm ements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file	that I am sul	bmitting this re	turn in a	accordance	
ERO's	s signature ▶	Date ►	·			
	ERO Must Retain This Form — See Ins					
	Don't Submit This Form to the IRS Unless Req	uested To	Do So			

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	ou checked the MFS box, enter the r	name of	ed filing separately your spouse. If you	` '	_		, ,	_	, ,	` , ` ,
		son is a child but not your depender	nt 🕨								
Your first name	and m	iddle initial	Last na								ity number
SHIVA K			SOM	ARAM						81-912	
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse'	s social se	curity numbe
Home address	(numbe	er and street). If you have a P.O. box, see	e instruct	ions.				Apt. no.	Preside	ntial Electi	ion Campaigr
308 W NO	ORTH	TEMPLE ST						355		nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete :	spaces below.	Sta	ite	ZIP	code			ntly, want \$3 Checking a
SALT LA	KE C	ITY			U'	Т	84	103		ow will not	•
Foreign country	y name			Foreign province/state	e/coun	ty	Fore	eign postal code	your tax	or refund	. Spouse
At any time du	ring 20	021, did you receive, sell, exchange	e, or oth	erwise dispose of a	ny fina	ancial intere	st in an	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction		neone can claim: You as a de Spouse itemizes on a separate retu		•		'	nt				
Age/Blindness	You	: Were born before January 2,	1957 [Are blind S	oouse	: Was	born be	efore January 2	2, 1957	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relatio	nship	(4) ✓ if q	ualifies fo	r (see instru	uctions):
If more		irst name Last name		number to you			J .	Child tax c			ther dependents
than four											
dependents,											
see instruction and check	s —										
here ▶											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1	1	00,416.
Attach	2a	Tax-exempt interest	2a		b T	axable inter	rest		. 2b		
Sch. B if	За	Qualified dividends	3a		b (Ordinary divi	dends		. 3b		
required.	4a	IRA distributions	4a			axable amo			. 4b		
	5a	Pensions and annuities	5a		b T	axable amo	ount .		. 5b		
Standard	6a	Social security benefits	6a		b T	axable amo	ount .		. 6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D	f required. If not red	quired	l, check here	е.	▶ [7		
Single or Married filing	8	Other income from Schedule 1, lir	ne 10		٠				. 8	_	10,070.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total in	come				▶ 9		90,346.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10		
jointly or Qualifying	11	Subtract line 10 from line 9. This i	s your a	djusted gross ince	ome				▶ 11		90,346.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedu	le A)		12a	12,55	ο. 🗌		
Head of	b	Charitable contributions if you take	the sta	ndard deduction (se	e inst	ructions)	12b	30			
household, \$18,800	С	Add lines 12a and 12b				·			. 120	5	12,850.
If you checked	13	Qualified business income deduc-	tion fron	n Form 8995 or For	m 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or less	s, ente	er -0			. 15		77,496.

	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	12,793.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	12,793.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	12,793.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	12,793.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	15,116.
If you have a	26	2021 estimated tax payments and amount applied from 2020 return	26	
qualifying child,	27a	Earned income credit (EIC)		
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before		
		January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶ □		
	b	Nontaxable combat pay election 27b		
	C	Prior year (2019) earned income		
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28		
	29	American opportunity credit from Form 8863, line 8		
	30	Recovery rebate credit. See instructions		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	15,116.
D. C I	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,323.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	2,323.
Direct deposit?	▶b	Routing number 0 2 1 0 0 0 3 2 2 ► c Type: X Checking Savings		
See instructions.	▶d	Account number 4 8 3 0 6 9 0 3 1 6 1 1		
	36	Amount of line 34 you want applied to your 2022 estimated tax \rightarrow 36		
Amount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	37	
You Owe	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee		structions	elow.	X No
		signee's Phone Personal identifi		
		me ► no. ► number (PIN) ►		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here				it you an Identity
				N, enter it here
Joint return?		BANKING PROFESSIONAL (see i	nst.) 🕨	
See instructions. Keep a copy for	Spe			t your spouse an
your records.	,		nst.) ▶	ection PIN, enter it here
	————			
		pone no. (973)652-5097 Email address SHIVASOMARAM@GMAIL.COM eparer's name Preparer's signature Date PTIN	$\overline{}$	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/25/2022 P02082	,702	Self-employed
Preparer				
Use Only		m's name ► GLOBAL TAXES LLC Phon m's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's		678)965-9522
Co to warranta		·	s EIN 🕨	
GO TO WWW.Irs.g	ov/Forn	n1040 for instructions and the latest information. BAA REV 02/17/22 PRO		Form 1040 (2021)

Form 1040 (2021)

Page **2**

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SHIVA K SOMARAM

Your social security number
055-81-9122

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes	3	1	
2 a	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, truschedule 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	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	8k		
I	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		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
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 10 1040-NR, line 8	· ·	10	-10,070.

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income									
11	Educator expenses		11							
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106									
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 Paralympic medals and USOC prize money reported on line 8l	24c								
d	Reforestation amortization and expenses	24d								
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e								
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)	24h								
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 violations	24i								
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									
	here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line	e 10a	26							

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Attachment

OMB No. 1545-0074

Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Your social security number

	'A K SOMARAM							5-81-912	
Part	Income or Loss From Rental Real Estate and Ro	yaltie	s Not	e: If you	are in th	ne business o	f rentin	g personal p	property, use
	Schedule C. See instructions. If you are an individual, rep	ort far	m rental	income	or loss f	rom Form 48	35 on p	page 2, line	40.
A Did	d you make any payments in 2021 that would require you to	o file F	orm(s)	1099? S	See inst	ructions .		🗆	Yes 🗵 No
B If '	Yes," did you or will you file required Form(s) 1099?							🗆	Yes 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code	e)						
Α	KAKATIYA COLONY HANAMKONDA TELANGANA	IN 5	06011						
В									
С									
1b	Type of Property 2 For each rental real estate pro above, report the number of fa	perty I	listed			Rental		onal Use	QJV
	nersonal use days. Check the	QJV b	oox only		<u> </u>	Days		Days	
A	3 if you meet the requirements to qualified joint venture. See ins	o file a	as a			365		0	<u> </u>
В	quainied joint venture. See ins	liuctio	// io.	В					
<u> </u>				С					
	of Property:	- 1 -			7 0-14	Dantal			
	gle Family Residence 3 Vacation/Short-Term Rental				7 Self-				
ncon	ti-Family Residence 4 Commercial ne: Properties:	6 RC	oyalties		8 Otne	er (describe)			
3	•	3	+	Α	450.	В			С
4	Rents received	4	+		±50.				
Exper		+-							
5 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			1.0	070				
00	file Form 6198	21	-	-IU,	070.				
22	Deductible rental real estate loss after limitation, if any,	00	,	10 (070.)	,)/	,
23a	on Form 8582 (see instructions)	22	I		23a	(45	0)
23a b	Total of all amounts reported on line 3 for all rental properties of all amounts reported on line 4 for all royalty properties.				23b		43	0.	
C	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 12 for all properties				23d				
e	Total of all amounts reported on line 20 for all properties				23e	1	0,52	0	
24	Income. Add positive amounts shown on line 21. Do no							24	
25	Losses. Add royalty losses from line 21 and rental real estate		,			al losses here	_	25 (10,070.)
26	Total rental real estate and royalty income or (loss).							- (
20	here. If Parts II, III, IV, and line 40 on page 2 do not								
	Schedule 1 (Form 1040), line 5. Otherwise, include this a							26	-10,070.

Passive Activity Loss Limitations

Department of the Treasury Internal Revenue Service (99)

► 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 Attachment Sequence No. 858

Name(s) shown on return Identifying number SHIVA K SOMARAM 055-81-9122 Part I 2021 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 10,070. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d -10,070. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . 2a **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (d Combine lines 2a, 2b, and 2c 2d 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. • 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. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 10,070. 5 Enter \$150,000. If married filing separately, see instructions 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 100,416. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 24,792. Enter the **smaller** of line 4 or line 8 9 9 10,070. Part III **Total Losses Allowed** 10 10 0. Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find 10,070. 11 Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 0. 10,070. 10,070. KAKATIYA COLONY

Total. Enter on Part I, lines 1a, 1b, and 1c ▶

0.

10,070.

Form 8582 (2021) Page **2**

										•
Part V	Complete This Part Before	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•
	Name of activity		Currer	nt year		Prior ye	ears	Overall gain or loss		
	Name of activity			(c) Unalle loss (line		(d) Gain		(e) Loss		
Total. Enter o	n Part I, lines 2a, 2b, and 2c ▶									
Part VI	Use This Part if an Amoun	ıt İs	Shown on F	Part II.	Line 9. S	ee instruc	tions.			
	Name of activity	For an	Form or schedule) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).
KAKATIYA	COLONY		E Ln 22		10,070.	1.0000	0000	10,07	0.	0.
					·					
Total	Allocation of Unallowed L		>		10,070.	1.00)	10,07	0.	0.
Part VII	Allocation of Unanowed L	USS			S.					
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) L	_oss	((b) Ratio) Unallowed loss
Total				. •				1.00		
Part VIII	Allowed Losses. See instru						ı	-		
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) L	_oss	(b) Ur	nallowed loss	(c) Allowed loss
			I							
Total				. •						

40101 1555

Utah State Tax Commission Utah Individual Income Tax Return

All State Income Tax Dollars Fund Education

2021 **TC-40**

INTUIT

Full-yr Resident?

• Amended Return - enter code:

(see instructions)

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 name Y/N Υ

If deceased, complete page 3, Part 1

Address 308 W NORTH TEMPLE ST, APT 355 ZIP+4 SALT LAKE CITY

UT 84103

Telephone number 973-652-5097 Foreign country (if not U.S.)

• 22

4472

1 Filing Status - enter code	• 2 Qualifying Dependents	3 Election Ca	3 Election Campaign Fund						
1 = Single	a Dependents age 16 and unde	Does not incre	Does not increase your tax or reduce your refund.						
• 1 2 = Married filing jointly	b Other dependents	Enter the code t	for the Yourself Spouse						
3 = Married filing separately	c 0 Total (add lines a and b)	party of your ch	oice. • •						
4 = Head of household		See instructio	ns for						
<pre>5 = Qualifying widow(er)</pre>	Dependents must be claimed for the chil	d tax code letters o	r go to incometax.utah.gov/elect.						
If using code 2 or 3, enter spouse's name and SSN above	credit on your federal return. See instruc	tions. If no contribution	n, enter N .						
4 Federal adjusted gross income from feder	al return		• 4 90346						
5 Additions to income from TC-40A, Part 1 (attach TC-40A, page 1)		• 5						
6 Total income - add line 4 and line 5			90346						
7 State tax refund included on federal form 7	1040, Schedule 1, line 1 (if any)		• 7						
8 Subtractions from income from TC-40A, P	art 2 (attach TC-40A, page 1)		• 8						
9 Utah taxable income (loss) - subtract the	e sum of lines 7 and 8 from line 6		• 9 90346						
10 Utah tax - multiply line 9 by 4.95% (.0495) (not less than zero)		•10 4472						
11 Utah personal exemption (multiply line 2c b	• 1 ^o	0							
12 Federal standard or itemized deductions	• 12	12550	' ' ' ' ' ' ' '						
13 Add line 11 and line 12	13	12550	free, and will speed up your refund.						
14 State income tax included in federal itemiz	zed deductions • 14	1	To learn more,						
15 Subtract line 14 from line 13	15	12550	go to tap.utah.gov						
16 Initial credit before phase-out - multiply line	e 15 by 6% (.06) • 16	753							
17 Enter: \$15,095 (if single or married filing s	eparately); \$22,643 (if head •1) and filing jointly or qualifying widower)	15095							
18 Income subject to phase-out - subtract line		75251							
19 Phase-out amount - multiply line 18 by 1.3	9% (.013)	978							
20 Taxpayer tax credit - subtract line 19 from	line 16 (not less than zero)		• 20 0						

22 Utah income tax - subtract line 20 from line 10 (not less than zero)

401		Individu 055819		Return (continue	-	J	INTUIT	TC-40 2021		Pg. 2
23	Enter tax from	TC-40, page	1, line 22					23		4472
24	Apportionable r	• 24								
	Full-year reside Non or Part-yea Nonapportional	ar resident, c		• 25 • 26		4472				
			5 (not less than zero)		, page	.,		27		4472
				4 (attach TC-40, page 3	١			• 28		44/2
	•		0	4 (attacit 10-40, page 3	,					
29	AMENDED RE	TURN ONLY	' - previous refund					• 29		
30	Recapture of lo	w-income ho	ousing credit					• 30		
31	Utah use tax							• 31		
32	Total tax, use t	tax and add	itions to tax (add line	es 27 through 31)				32		4472
33	Utah income ta	x withheld sh	nown on TC-40W, Par	rt 1 (attach TC-40W, pag	je 1)			• 33		4971
34	 34 Credit for Utah income taxes prepaid from TC-546 and 2020 refund applied to 2021 34 									
35	Pass-through entity withholding tax shown on TC-40W, Part 3 (attach TC-40W, page 2) • 35									
36	Mineral production withholding tax shown on TC-40W, Part 2 (attach TC-40W, page 2) • 36									
37	AMENDED RE	TURN ONLY	′ - previous payments					• 37		
38	Refundable cre	edits from TC	-40A, Part 5 (attach T	C-40A, page 2)				• 38		
39	Total withholdin	ng and refund	dable credits - add line	es 33 through 38				39		4971
40			from line 32 (not less	than zero)				• 40		
41 42	Penalty and inte	•	structions) MOUNT - add line 40	and line 41		41		• 42		
43	REFUND - subi	tract line 32	from line 39 (not less	than zero)				• 43		499
44	Voluntary subtra	actions from	refund (not greater th	nan line 43)				• 44		
45	Enter the total f DIRECT DEPO Routing num	SIT YOUR F	REMAINING REFUND) - provide account infor Account number 48	,	ee instructions for fo	•	ounts) count type: •	checking X	savings •
	er penalties of perjons N Your signature	-	o the best of my knowled	dge and belief, this return ar		nying schedules are t		and complete.		ate
HEF	RE				opouse's S					u.c
	d Party Name of signee	f designee (if a	any) you authorize to disc	cuss this return		Designee's telephon	e number	Designee PIN •		
	1 '	er's signature	77 DAM C7C7	Date	2	Preparer's telephone		Preparer's PTIN		00702
	parer's Firm's n		<u>'A RAM SAGA</u> GLOBAL TAX		<u>Z</u>	67896595		• Preparer's EIN	F020	82703
Sec	ction and add	dress	2530 PEBBLE CUMMING	E CREEK LN		GA 30041		•	3010	17196
Attacl	h TC-40 page 3 if v	vou: are filina f		are filing a fiscal year return			a voluntary o	ontributions. wa	nt to depos	sit into a

Part 1 - Utah Withholding Tax Schedule

40109 SSN 055-81-9122

Last name SOMARAM

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 1 135108880	Second W-2 or 1099						
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 1	Fourth W-2 or 1099						
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.