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

Social security number Anti-KET MAHAMUNIKAR 74,8-45-410.3	Submi	ssion Identification Number (SID)		-		
Spouse's social security number	Taxpaye	er's name	Social secu	rity num	ber	
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	ANI	KET MAHAMUNKAR	748-4	5-410	3	
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Spouse'	s name	Spouse's so	ocial sec	urity numbe	r
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Total tax 4 Amount you want refunded to you 4 1, 475. 5 Amount you want refunded to you 9 Taxtu Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 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 the least of the penalties of perjury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing income to a copy of the income tax return (original or amended) I am now authorizing income to allow my intermediate service provider, transmitter, or electronic return originator (FERO) for send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the responsible of the payment of electronic return originator (FERO) for payment of my federal taxes owed on this suturn and/or a payment of estimated tax, and the financial institution account indicated in the repearation software payment of my federal taxes owed on this suturn and/or a payment of estimated tax, and the financial institution account indicated in the preparation of the payment of my federal taxes over each of the payment of the pa	Part	Tax Return Information — Tax Year Ending December 31, 2021 (En	nter year you	are au	thorizing	.)
1	Enter v	whole dollars only on lines 1 through 5.				
2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 7 , 332 . 4 Amount you want refunded to you . 4 1 , 475 . 5 Amount you owe . 4 1 , 475 . 5 Amount you owe . 4 1 , 475 . 5 Amount you owe . 4 1 , 475 . 5 Amount you owe . 4 1 , 475 . 5 Amount you owe . 4 1 , 475 . 5 Amount you owe . 4 1 , 475 . 5 Amount you owe . 4 1 , 475 . 5 Amount you owe . 4 1 , 475 . 5 Amount you want refunded to you . 4 1 , 4 1	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
A Amount you want refunded to you A Amount you owe B Amount you want refunded to you A Amount you owe B Amount you own B Amount you owe B Amount you own	1	Adjusted gross income				
Amount you want refunded to you Amount you want refunded to you Samount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perlipn, 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 who knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the mounts 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) Samount or the IRS and to receive from the IRS (a) an acknowledgement of receipts or meanurs from the income tax return (original or amended) I am now authorizing. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for yoursent of my federal taxes owed on this return and/or a payment of settimated 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 to terminate the authorization. To revoke (cancel) a payment, and the contact the U.S. Treasury Financial Agent and Samount and 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 Tessary Flamacial institutions account and the entry to the second to the payment I the entry to the second to the payment I the entry to the second to the payment I there also account the U.S. Treasury Financial Agent at Tessary Flamacial Institutions and the processing of the electronic payment of the electronic pay					i	
Amount you owe Part III 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, 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, and to the designation of the list of the practitioner PIN method Returns on the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for an feeling in processing the return originator (REN) to send my return to the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for an feeling in processing the return originator (REN) to send my return to the IRS and to receive and the 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 at 1-888-4354-4537. 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. □ 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 filled usin						
Under penalties of perjury, I declare that I have examined acopy of the income tax return (original or amended) I am now authorizing, and to the beat of your processing the return or refund, 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, and to the beat of considerable and the processing the return or refund, and (c) the date of any refund. I respictively in the processing the return or refund, and (c) the date of any refund. I respictively in the IPS and to receive from the IPS (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. I respictively, a through the processing the return or refund, and (c) the date of any refund. I respictively, a through the processing of the reason for any delay in processing the return or refund, and (c) the date date, and the financial institution account indicated in the tax preparation software for payment of my refund tax, and the financial institution is account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-457 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 resolutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolutions involved in the processing of the electronic payment of the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing. Check this box only if you are entering you					1	<u>.,475.</u>
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Lauthorize	Your s	ignature ► Anikst Date ►	03/21/202	22		
Lauthorize	Spous	se's PIN: check one box only				
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ERO Must Retain This Form — See Instructions	authoriz	zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s	ubmitting this re	turn in a	accordance	
ERO Must Retain This Form — See Instructions	ERO's	signature ▶ Date I	•			

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	Single Married filing jointly [bu checked the MFS box, enter the reson is a child but not your depender	name of	ed filing separately (l your spouse. If you o	,	_		` ,	_	, ,	` , `	,
Your first name	and m	iddle initial	Last na	ıme					Your	social sec	urity number	_
ANIKET			MAHA	AMUNKAR					748	-45-41	103	
If joint return, s	pouse'	s first name and middle initial	Last na	ıme					Spous	e's social	security numb	er
		er and street). If you have a P.O. box, see	instructi	ons.				Apt. no.	1		ection Campaiç	gn
		ice. If you have a foreign address, also co	omplete s	spaces below.	Sta	te	ZIP	code			jointly, want \$3	
GREENVI			·		S	2	29	6156757	_		nd. Checking a not change	à
Foreign country	y name			Foreign province/state/	coun	ty	Fore	eign postal code		ax or refu	nd.	se
At any time du	ıring 2	021, did you receive, sell, exchange	, or othe	erwise dispose of an	y fina	ancial interest	in an	y virtual curr	ency?	X Ye	es 🗌 No	
Standard Deduction	_	neone can claim: You as a de Spouse itemizes on a separate retu				•						
Age/Blindness	s You	: Were born before January 2, 1	957 [Are blind Sp	ouse	: Was bo	rn be	efore January	2, 1957	Is	s blind	
Dependents	s (see	instructions):		(2) Social security	/	(3) Relations	hip	(4) 🗸 if	qualifies 1	for (see ins	structions):	
If more	(1) F	First name Last name		number		to you		Child tax	credit	Credit for	r other depender	nts
than four												
dependents, see instruction												
and check												
here ▶ □										<u> </u>		
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	65,422	
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st		. 2	2b		
Sch. B if required.	3a	Qualified dividends	3a	2.	b C	ordinary divide	ends		. 3	Bb	2.	
	4a	IRA distributions	4a		b T	axable amour	nt.		. 4	lb		
	5a	Pensions and annuities	5a		b T	axable amour	nt.		. 5	ib		
Standard	6a	Social security benefits	6a		b T	axable amour	nt.		. 6	3b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not req	uired	, check here		🕨		7	92.	
 Single or Married filing 	8	Other income from Schedule 1, lir	ne 10							8	-6,510	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	Γhis is your total inc	ome				> !	9	59,006	
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 1	10		
jointly or Qualifying	11	Subtract line 10 from line 9. This i	s your a	djusted gross inco	me		٠.		▶ 1	11	59,006	
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from Schedule	A)	12	2a	12,55	50.			
• Head of	b	Charitable contributions if you take	the sta	ndard deduction (see	instr	ructions) 12	2b	30	00.			
household, \$18,800	С	Add lines 12a and 12b							. 1:	2c	12,850	
If you checked	13	Qualified business income deduct	tion fron	n Form 8995 or Form	1 899	5-A			. 1	13		
any box under Standard	14	Add lines 12c and 13							. 1	14	12,850	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less,	ente	r-0			. 1	15	46,156	

	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 🗌	16	5,907.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,907.
	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	5,907.
	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	5,907.
	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	7,382.
	26	2021 estimated tax payments and amount applied from 2020 return	26	•
If you have a Lagrangian 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		
	С	Prior year (2019) earned income		
	28	Refundable child tax credit or additional child tax credit from Schedule 8812		
	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	7,382.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,475.
Di	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \rightarrow Routing number 0 5 4 0 0 0 0 3 0 \rightarrow c Type: \overline{\over	35a	1,475.
Direct deposit? See instructions.	►b	Routing number 0 5 4 0 0 0 0 3 0 Account number 5 3 8 5 2 4 4 2 2 7 ▶ c Type: ▼ Checking Savings		
	▶ d 36			
Amount		7	37	
Amount You Owe	37 38	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions Estimated tax penalty (see instructions)	31	
Third Party Designee		you want to allow another person to discuss this return with the IRS? See tructions	elow.	X No
Boolgiloo		signee's Phone Personal identifi		
	nar	ne ▶ no. ▶ number (PIN) ▶		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		,
	You			it you an Identity N, enter it here
Joint return?			nst.) ▶	
See instructions.	Spo		IRS ser	it your spouse an
Keep a copy for your records.			,	ection PIN, enter it here
your records.			nst.) 🕨	
		one no. (864)207-0321 Email address ANIKET.MAHAMUNKAR1@GMAIL.COM		01 1 17
Paid		parer's name Preparer's signature Date PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/21/2022 P02082		Self-employed
Use Only				678)965-9522
			s EIN ▶	
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 03/12/22 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

ANIKET MAHAMUNKAR

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

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 748-45-4103

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	S	1	
2a	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	-6,510.
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		
ı	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	040, 1040-SR, or		
	1040-NR, line 8		10	-6.510

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 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 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 here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, lin			26	

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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 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 Your social security number 748-45-4103 ANIKET MAHAMUNKAR

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. with column (g) line 2. column (a) 1a 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 . **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** checked 2,808. 2,836. 6. -22. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with 2,264. 2,150. 114. Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 92. 7 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a 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 . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

14

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 92. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

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

▶ Go to 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. Sequence No. 12A

tarrio(0) 01101	VII OII IOLAIII
ANTKET	MAHAMIINKAF

Social security number or taxpayer identification number

748-45-4103

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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.

X (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	d to you on F	orm 1099-B	·			
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	05/05/21	12/12/21	2,808.	2,836.	W	6.	-22.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	2.808.	2.836.		6.	-22.

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.

8949

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Social security number or taxpayer identification number

Attachment

OMB No. 1545-0074

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

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

ANIKET MAHAMUNKAR 748-45-4103 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. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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

X (C) Short-term tran	sactions not reporte	d to you on F	orm 1099-B				
1 (a) Description of prop		(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e)	If you enter an a enter a co	any, to gain or loss. amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
(Example: 100 sh. XY	/Z Co.) (Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
ROBINHOOD CRYPTO	LLC 05/05/21	12/12/21	2,264.	2,150.			114.
2 Totals. Add the amounts in egative amounts). Enter Schedule D, line 1b (if Bo above is checked) or line	each total here and inc x A above is checked), li	clude on your ne 2 (if Box B	2.264.	2.150.			114.

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

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

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

OMB No. 1545-0074

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.

Attachment Sequence No. **13** Your social security number

ANIK	ET MAHAMUNKAR							74	8-45-410)3
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Note	: If you	are in th	e business o	f rentir	ng personal p	property, use
	Schedule C. See	instructions. If you are an individual, repo	ort farı	m rental i	ncome	or loss f	rom Form 48	35 on	page 2, line	40.
A Dic	l you make any payme	nts in 2021 that would require you to	file F	orm(s) 1	099? 8	See insti	ructions .		🗆	Yes X No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							\square	Yes 🗌 No
1a		each property (street, city, state, ZIF								
Α	4/21 TATA POWE	R COLONY MATUNGA MUMBAI	IN	400019	9					
В										
С										
1b	Type of Property	2 For each rental real estate prop	erty I	isted		Fair	Rental		onal Use	QJV
	(from list below)	above, report the number of fa personal use days. Check the	ir rent	al and			Days		Days	
A	3	if you meet the requirements to	o file a	ıs a İ	Α		365		0	
B		qualified joint venture. See inst	ructio	ns.	В					
C					С					
	of Property:									
_	le Family Residence	3 Vacation/Short-Term Rental				7 Self-				
	ti-Family Residence		6 Ro	yalties		8 Othe	r (describe)			
Incom		Properties:			Α		В	}		C
3			3			430.				
4			4							
Expen			_							
5			5							
6	•	nstructions)	6		1	250				
7		nance	7 8		Ι,	250.				
8			9							
9 10			10							
11	_	essional fees	11		1	1				
12		d to banks, etc. (see instructions)	12			155.				
13			13							
14			14		2	155.				
15			15			250.				
16			16			230.				
17			17		1 .	130.				
18		e or depletion	18							
19	Other (list) ▶		19							
20	Total expenses. Add	lines 5 through 19	20		6 ,	940.				
21	·	line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must								
	file Form 6198		21		-6,	510.				
22	Deductible rental real	l estate loss after limitation, if any,								
	on Form 8582 (see in	structions)	22	(6,	510.)	()()
23a		eported on line 3 for all rental prope				23a		43	30.	
b	Total of all amounts re	eported on line 4 for all royalty prope	erties			23b				
С		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d				
е		eported on line 20 for all properties				23e		6,94		
24	•	e amounts shown on line 21. Do no		-				-	24	
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losse	s from lin	ne 22. E	Enter tota	al losses here	e .	25 (6,510.)
26		ate and royalty income or (loss).								
		V, and line 40 on page 2 do not		-				on	00	C 510
		40), line 5. Otherwise, include this ar	-			line 41	on page 2 -6,51	.	26	-6,510.
For Pai	nerwork Reduction Act	Notice, see the separate instructions.		1	1PA		-U,51	· ·	Schodula F	(Form 1040) 2021

1555

REV 02/19/22 PRO dor.sc.gov

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453

(Rev. 10/7/21) 3299

	First name and middle initia	al								Last r	name						You	r socia	al security numbe	r	
	ANIKET						ΜZ	λHA	IUM/	NKA	R						7	48-	45-4103		
	Spouse's first name, if marr	ied filir	ng jo	intly						Last r	name						Spo	use's	social security nu	ımbeı	r
Print or																					
type.	Mailing address (number ar	nd stre	et, P	О Во	x)													Daytin	ne phone number		
	12213 THREE SP	RTN	· -	TRT													(864)207-0323	1	
	City	11111						Sta	ate			ZIP							Tax Year	_	_
	GREENVILLE SC	296	15.	-67	757													,	2021		
Part I	Information from y					livid	lual	nc	oma	Tay	Rot	urn							2021		-
	al taxable income (line 1 c																	1	46,15	5 00	<u> </u>
	(line 15 of your SC1040)	•			,													2	2,72		
	ax (line 26 of your SC1040)																	3			
	Tax (add line 2 and line 3 .																	4		00	
	come Tax Withheld (add li																⊢	5	2,72		
	dable credits (add line 21					-											-		3,29		
	d (line 30 of your SC1040)																	6 7		00	-
	ce due (line 34 of your SC																		57:		
																	••••	8		00	<u>J</u>
Part II	Bank information for	or Ke	tun	a oı	г ва	ianc	e Du	е													_
0 Routin	ng number (RTN)	0	5	4	0	0	0	0	3	0									ers of the		
J. Modili	ng number (ittit)			1	10	U	0	0)	U	j K	IN m	ust be	9 U1 ti	nrou	ugn 1	2 or	21 thre	ough 32.		
10 Bank	account number (BAN)								5	3	8	5	2	4	4	2	2	7	1-17 digits		
	` '									1 5	1 0			-			12				
11. Type	of account:	hecki	ng		Savi	ngs															
For Bala	ince Due:																				
12. Paym	nent Withdrawal Date						_	Pa	ymen	t Witl	hdrav	wal A	mou	nt \$							
Part III																					_
	a. I consent for my refund to			den	osited	d as d	lesian	atec	l in Pa	rt II I	decla	are th	at the	inforr	matic	on on	line	1 thro	igh line 8 is corre	ct If	Τ
10. 🔼	filed a joint return, this is a																		ag. 1110 0 10 00110	Ot. 11	
	b. I authorize the South Care										-						ACH	l Debit	t request to my ba	ank	
	account, provided in Part	II, for p	oaym	ent c	of the	Sout	h Car	olina	taxes	s I ow	e. Ta	author	ize m	y ban	k to	debit	my a	ccoun	t for the requeste	d	
	funds and consent to the	sharin	g of f	inand	cial in	forma	ation b	etw	een in	stituti	ons f	or the	purp	ose of	f res	olving	g issu	es rela	ated to my payme	ent.	
If the SCD	OOR does not receive full and	l timely	pay	ment	of m	y tax	liabilit	y, I	under	stand	that I	l am r	espor	nsible	for t	the ba	alance	e due,	including all pena	alties	
and intere		•	. ,			•		•					•								
I declare t	hat this return and all attachn	nents a	are tr	ue, c	orrec	t, and	d com	olete	to the	e bes	t of m	ny kno	wledg	ge. Th	nis d	eclara	ation	is base	ed on all informat	ion of	f
	preparer has any knowledge			,		,						•	`								
Do not sul	bmit a copy of this form to the	e SCD0	OR.	Retu	ırn the	e sian	ned co	pv t	o vour	paid	prepa	arer.	Keep	a con	ov wi	ith vo	ur tax	recor	ds.		
	,,					ı		. ,	,	•			•	·	,	Í			1		
Your sign:	ature					Dat	te		Spo	ouse's	s sign	ature	(If ma	arried	filing	g joint	tly, B	OTH m	nust sign) Date		
Part IV	Declaration of Elec	troni	c R	<u>etur</u>	n O	<u>rigir</u>	<u>nator</u>	· (E	RO)	and	Pai	d Pr	epar	er							
	hat I have received the above																				
	s signature on this form before ith the IRS and the SCDOR a																			on to	
	Income Tax Returns, and red																			r's	
	accompanying schedules ar																				
	n of which I have knowledge.		ersta	and I	do n	ot ma	ail the	SC	8453	to the	SCE	OOR.	l am	requi	red 1	to ke	ep th	e SC8	453 and the		
supportin	ng documents for three yea	rs.																			
EDO's	ERO								Dat	te		heck if			heck	c if			PTIN		
ERO's	signature							03	-21-	202	2 pi	lso pai repare			elf- mplo	yed [
Use	Firm name (or GT	OBA	т. г	тах	ŒS	T.T	<u>.</u> ر				_			F	EIN :	30-	10	1719	96		
Only		30 P						Cur	nmin	q. (3A 3	3004	1		hone				5-9522		
Paid	10										 	Da		1.0	heck				PTIN		
Prepare	Preparer													if	self-		\neg	D C C			
Use							~					-21			mplo				082703		
Only	yours if self-employed), D1			<u> </u>			<u>SAG</u>					LLA		-				171			_
	address, ZIP 25	30	Pek	bl	e C	ree	ek I	n	Cum	min	g G	3A 3	<u> </u>	<u> 111 P</u>	hone	9 (6	78	965	5-9522		_







STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

SC1040 (Rev. 8/11/21) 3075

2021 INDIVIDUAL INCOME TAX RETURN

Your Soci	al Security	Number	Check if deceased	
748	45	4103	acocasca	
Spouse's Sc	ocial Securit	y Number	Check if deceased	



For the year January 1 - December 31, 2021, or fiscal tax First name and middle initial	Last na	me		Suffix
ANIKET		AMUNKAR		Cumx
Spouse's first name, if married filing jointly	Last na			Suffix
opouse 3 mst hame, if married ming jointry	Lastria	inc		Odnix
Check if Mailing address (number and street	t PO Box)			County code
new address 12213 THREE SPRING	,			23
City	State	ZIP	Daytime phone i	number with area code
GREENVILLE	SC	29615-6757	(864)207	
Check if address Foreign country address including p		27013 0737	(004)207	0521
is outside US	ootal oodo			
• Amended Return: Check if this is an Amend	ded Return. (Atta	ach Schedule AMD)		
• Check this box if you are a part-year or nonr	•	,		· · · · · · · · · · · · · · · · · · ·
	_			
Check this box only if you are filing a compo		·		.
S Corporation. Do not check this box if you	ม are an individua	al		
· Check this box if you have filed a federal or				
·	state extension.			▶[
 Check this box if you served in a military cor 	state extension. mbat zone durinç	the filing period		▶[
·	state extension. mbat zone durinç	the filing period		▶[
 Check this box if you served in a military cor 	state extension. mbat zone durinç	the filing period		▶[
Check this box if you served in a military cor Name of the combat zone:	state extension. mbat zone durinç	g the filing period		> [
 Check this box if you served in a military cor 	state extension. mbat zone durinç	the filing period		> [
Check this box if you served in a military cor Name of the combat zone:	state extension. mbat zone during (3) Ma	g the filing period	ter spouse's SSN: _	> [
Check this box if you served in a military cor Name of the combat zone: CHECK YOUR (1) Single	state extension. mbat zone during (3) Ma	g the filing period rried filing separately - en	ter spouse's SSN: _	> [
Check this box if you served in a military cor Name of the combat zone: CHECK YOUR (1) Single	state extension. mbat zone during (3) Ma	g the filing period rried filing separately - en	ter spouse's SSN: _	> [
• Check this box if you served in a military cor Name of the combat zone: CHECK YOUR (1) Single FEDERAL FILING STATUS (2) Married filing journs	state extension. mbat zone during (3)	g the filing period gried filing separately - en ad of household (5)	ter spouse's SSN: _ Qualifying widow((er)
• Check this box if you served in a military cor Name of the combat zone: CHECK YOUR (1) ☑ Single FEDERAL FILING STATUS (2) ☐ Married filing journ of dependents claimed on your 2021	state extension. mbat zone during (3)	g the filing period gried filing separately - en ad of household (5)	ter spouse's SSN: _ Qualifying widow((er) 0
• Check this box if you served in a military cor Name of the combat zone: CHECK YOUR (1) ☑ Single FEDERAL FILING STATUS (2) ☐ Married filing in the property of dependents claimed on your 2021. Number of dependents claimed that were under the property of dependents claimed that were under the property of the property of dependents claimed that were under the property of the proper	state extension. mbat zone during (3)	rried filing separately - en ad of household (5)	ter spouse's SSN: _ Qualifying widow((er) 0
• Check this box if you served in a military cor Name of the combat zone: CHECK YOUR (1) ☑ Single FEDERAL FILING STATUS (2) ☐ Married filing in the combat zone: Number of dependents claimed on your 2021.	state extension. mbat zone during (3)	rried filing separately - en ad of household (5)	ter spouse's SSN: _ Qualifying widow((er) 0
• Check this box if you served in a military cor Name of the combat zone: CHECK YOUR (1) Single FEDERAL FILING STATUS (2) Married filing journ in the properties of dependents claimed on your 2021 Number of dependents claimed that were under the properties of dependents claimed that were under the properties of dependents of the properties of the	state extension. mbat zone during (3)	rried filing separately - en ad of household (5)	ter spouse's SSN: _ Qualifying widow((er) 0
• Check this box if you served in a military cor Name of the combat zone: CHECK YOUR (1) Single FEDERAL FILING STATUS (2) Married filing journaber of dependents claimed on your 2021 Number of dependents claimed that were undonumber of taxpayers age 65 or older as of Dependents	(3) Ma ointly (4) Hea federal return . ler the age of 6 yescember 31, 202	rried filing period rried filing separately - en ad of household (5)	ter spouse's SSN: _ Qualifying widow((er) 0
CHECK YOUR (1) X Single	state extension. mbat zone during (3)	rried filing period rried filing separately - en ad of household (5)	ter spouse's SSN: _ Qualifying widow((er) 0
• Check this box if you served in a military cor Name of the combat zone: CHECK YOUR (1) Single FEDERAL FILING STATUS (2) Married filing journaber of dependents claimed on your 2021 Number of dependents claimed that were undonumber of taxpayers age 65 or older as of Dependents	(3) Ma ointly (4) Hea federal return . ler the age of 6 yescember 31, 202	rried filing period rried filing separately - en ad of household (5)	ter spouse's SSN: _ Qualifying widow((er) 0
• Check this box if you served in a military cor Name of the combat zone: CHECK YOUR (1) Single FEDERAL FILING STATUS (2) Married filing journaber of dependents claimed on your 2021 Number of dependents claimed that were undonumber of taxpayers age 65 or older as of Dependents	(3) Ma ointly (4) Hea federal return . ler the age of 6 yescember 31, 202	rried filing period rried filing separately - en ad of household (5)	ter spouse's SSN: _ Qualifying widow((er) 0
• Check this box if you served in a military cor Name of the combat zone: CHECK YOUR (1) Single FEDERAL FILING STATUS (2) Married filing journaber of dependents claimed on your 2021 Number of dependents claimed that were undonumber of taxpayers age 65 or older as of Dependents	(3) Ma ointly (4) Hea federal return . ler the age of 6 yescember 31, 202	rried filing period rried filing separately - en ad of household (5)	ter spouse's SSN: _ Qualifying widow((er) 0



 INCOME AND ADJUSTMENTS
 Your SSN 748-45-4103
 2021

 1 Enter federal taxable income from your federal form. If zero or less, enter zero here
 Dollars

•	Effect redefal taxable income from your redefal form. If zero or less, effect zero i	IICIC			ı	Dollar	3	
	Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 b	elow .			1	46,	,156	00
ΑI	DDITIONS TO FEDERAL TAXABLE INCOME							
	a State tax addback, if itemizing on federal return (see instructions)	а		00				
	b Out-of-state losses Type:	b		00				
	c Expenses related to National Guard and Military Reserve Income	С		00	i			
	d Interest income on obligations of states and political subdivisions other than South Carolina	d		00				
	e Other additions to income (attach explanation - see instructions)	е	300		i			
2	Total additions (add line a through line e)			<u>. </u>	2		300	00
	Add line 1 and line 2 and enter the total here				3	16	, 456	
	JBTRACTIONS FROM FEDERAL TAXABLE INCOME					10,	, 130	00
<u> </u>	f State tax refund, if included on your federal return	f		00				
	g Total and permanent disability retirement income, if taxed on your federal return	g		00				
	h Out-of-state income/gain (do not include personal service income)	9		-	i			
	Check type of income/gain: Rental Business Other	h		00				
		h						
	i 44% of net capital gains held for more than one year	i		00				
	j Volunteer deductions (see instructions) Type:	j		00				
	k Contributions to the SC College Investment Program (Future Scholar)			•				
	or the SC Tuition Prepayment Program	k		00				
	I Active Trade or Business Income deduction (see instructions)	I		00				
	m Interest income from obligations of the US government	m		00				
	n Certain nontaxable National Guard or Reserve pay	n		00				
	• Social Security and/or railroad retirement, if taxed on your federal return •	0		00				
	p Retirement Deduction (see instructions)							
	p-1 Taxpayer (date of birth:)	p-1		00				
	p-2 Spouse (date of birth:)	p-2		00				
	p-3 Surviving spouse (date of birth of deceased spouse:)	p-3		00				
	Military Retirement Deduction (see instructions)							
	p-4 Taxpayer (date of birth:)	p-4		00				
	p-5 Spouse (date of birth:)	p-5		00				
	p-6 Surviving spouse (date of birth of deceased spouse:)	p-6		00				
	q Age 65 and older deduction (see instructions)							
	q-1 Taxpayer (date of birth:)	q-1		00				
	q-2 Spouse (date of birth:)	q-2		00				
	r Negative amount of federal taxable income	r		00				
	s Subsistence allowance (multiply days by \$8)	s		00				
	t Dependents under the age of 6 years on December 31 of the tax year	t		00				
	u Consumer Protection Services	u		00				
	v Other subtractions (see instructions)	v		00	i			
	w South Carolina Dependent Exemption (see instructions)	w	0	00	İ			
4	Total subtractions (add line f through line w)		₀		4	<		00 >
5	Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amounts of the contract line 4 from line 3 and enter the difference.		n Schedule NR	•				+-
•	line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME				5	46	, 456	00
6	TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	2,723		_	10,		100
7	TAX on Lump Sum Distribution (attach SC4972)	7	2,123	00	1			
8	TAX on Active Trade or Business Income (attach I-335)	8		00				
9	TAX on excess withdrawals from Catastrophe Savings Accounts	9		00	1			
	Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CA		ΝΔ ΤΔΥ		10	<u> </u>	,723	00
. 0	The mile of an eaght mile of and officer and total more. This is your TOTAL GOOTH OF						, , , ,	00

30752216 REV 02/19/22 PRO



NC	DN-REFUNDABLE CREDITS							
	Child and Dependent Care (see instructions)	11			00	-		
	Two Wage Earner Credit (see instructions)				00			
	Other nonrefundable credits. Attach SC1040TC and other state returns				00			
	Total nonrefundable credits (add line 11 through line 13)					14		00
	Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero					15	2,723	1 1
	AYMENTS AND REFUNDABLE CREDITS	0 11010				.0	27,23	00
	SC income tax withheld (attach W-2 or SC41)	16	2	, 295	00			
	2021 Estimated Tax payments		3		00			
	Amount paid with extension				00			
	·				00			
	Nonresident sale of real estate				00			
	,				_			
	Tuition tax credit (attach I-319)	21			00			
22		220		- 1,	00			
	22a Anhydrous Ammonia (attach I-333)				00			
	22b Milk Credit (attach I-334)							
	22c Classroom Teacher Expenses (attach I-360)				00			
	22d Parental Refundable Credit (attach I-361)				00			
	22e Motor Fuel Income Tax Credit (attach I-385)				00	22		00
	Total refundable credits (add line 22a through line 22e)			,		22		00
22	Add line 16 through line 22 and enter the total here These are your	TOTAL	DAVM	ENTS N		23	3,295	00
	If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpar					24	572	
	If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount	-				25	372	00
25	AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the am							00
26			TOIN IIII			e 31.		
20	USE TAX due on online, mail-order, or out-of-state purchases			0 0	UU			
	Use Tax is based on your county's Sales Tax rate. See instructions for more info	malio	11.					
27	If you certify that no Use Tax is due, check here	27		- 1,	00			
	Amount of line 24 to be credited to your 2022 Estimated Tax Total Contributions for Check-offs (attach I-330)				00			
	Add line 26 through line 28 and enter the total here					29	<u> </u>	00
	If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line				٠.,	23	0	00
50	amount to be refunded to you (line 35 check box entry is required)					30	572	00
21	Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter the						572	00
	Late filing and/or late payment: Penalties Interest					32		00
	Penalty for Underpayment of Estimated Tax (attach SC2210)	L	iiloi lole	ii iicic j		32		00
55	Enter exception code from instructions here if applicable					33		00
34	Add line 31 through line 33 and enter your balance due (select payment option on line			1	- 1	34		00
<u> </u>	REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure		, 12, 1110	,		• •		100
35	Select one: Direct Deposit (line 37 required) (for US accounts only)		bit Card		Pa	ner (Check	
	PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and easy							
36	Select one: MyDORWAY (pay at dor.sc.gov/pay) ACH Debit (enter your US ban	•	on on line 3	7)				
37	Type of Account: Savings Savings			,				
	Pouting Pank Acco	ount 1	F 2 0 F	24422	7			1-17
	Number (RTN) 054000030 Must be 9 digits. The first two numbers of the RTN must be 01 through 32. Number (ETN)	BAN)	5385	24422				digits
	For payments only: Withdrawal Date Withdrawal Ar	mount				00		
Ιd	eclare that this return and all attachments are true, correct, and complete to the b	est of i	my know	/ledge. l	f pr	epar	ed by a person otl	her
tha	an the taxpayer, this declaration is based on all information of which the preparer	has an	y knowle	edge.				
You	ur signature Date Si	pouse's s	signature (i	f married f	filing	jointly	, BOTH must sign)	
יפ	uthorize the Director of the SCDOR or delegate to discuss this return,	reparer's	printed na	me				
					GAF	R GU	PTA TALLAM	
Pa		heck if se	elf-	PTIN	^ ^	000	2702	
	cparci 3g t t t t t t	mployed					2703	
Us	()	a	L				17196	
Or	nly employed), address, ZIP 2530 Pebble Creek Ln Cumming	GA 3	UU41	Phone		b / δ	3)965-9522	

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100 BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105