Department of the Treasury Internal Revenue Service

Calendar Year -Due 04/18/2022

2022 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

2-105.

REV 03/07/22 PRO 1555

184-04-6696 752-68-5431 FNU CHANDAN SAXENA GARIMA SAXENA 9317 ALMAR PLACE PITTSBURGH PA 15237

INTERNAL REVENUE SERVICE PO BOX 802502 CINCINNATI OH 45280-2502

Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/15/2022**

2 2022 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order......

2-105.

REV 03/07/22 PRO 1555

L84-04-6696752-68-5431FNU CHANDAN SAXENAGARIMA SAXENA9317 ALMAR PLACEPITTSBURGH PA 15237

INTERNAL REVENUE SERVICE PO BOX &D25D2 CINCINNATI OH 4528D-25D2

Department of the Treasury Internal Revenue Service Calendar Year — Due **09/15/2022**

2022 Form 1040-ES Payment Voucher 3

CINCINNATI OH 45280-2502

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

2,105.

REV 03/07/22 PRO 1555

752-68-5431 INTERNAL REVENUE SERVICE P0 B0X 802502

184-04-6696 FNU CHANDAN SAXENA GARIMA SAXENA 9317 ALMAR PLACE PITTSBURGH PA 15237

Department of the Treasury Internal Revenue Service

Calendar Year — Due **01/17/2023**

3 2022 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

184-04-6696752-68-5431FNU CHANDAN SAXENAGARIMA SAXENA9317 ALMAR PLACEPITTSBURGH PA 15237

INTERNAL REVENUE SERVICE PO BOX &D25D2 CINCINNATI OH 45280-25D2 Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name Social security number FNU CHANDAN SAXENA 184-04-6696 Spouse's name Spouse's social security number 752-68-5431 GARIMA SAXENA 2021 (Enter year you are authorizing.) Tax Return Information – Tax Year Ending December 31, Part I 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. Adjusted gross income 180,160. 1 1 24,978. 2 2 3 3 19,057. 4 4 5 5 5,989. Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

Taxpayer's PIN: check one box only

	1 authorize		1111110	ERO firm name	to enter or generate my r m	Er
X	l authorize	GLOBAL	TAYES	T.T.C	to enter or generate my PIN	4

Ent	er fiv i't en	ve di Iter a	gits, all ze	but ros	as my
4	6	6	9	6	

3

1

as mv

4

Enter five digits, but don't enter all zeros

8 5

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 🕨

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC 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 🕨									
Practitioner PIN Method Returns Only—cont	inue k	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method O	nly								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PII	۱.	5	8	7	 	6 III zer	 9 8	39	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature 🕨	Date 🕨		
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So		
		 0070 -	

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

Date

to enter or generate my PIN

Form 1040-V 2021

IF you live in	THEN use this address to send in your payment					
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214					
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000					
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501					
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303					

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2021

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

FNU

GARIMA

2021

Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

CHANDAN SAXENA

SAXENA

9317 ALMAR PLACE

PITTSBURGH PA 15237

Make your check or money order payable to the 'United States Treasury.'

(99)

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . 1555

5,989.

REV 03/07/22 PRO

INTERNAL REVENUE SERVICE P.O. BOX 802501 CINCINNATI, OH 45280-2501

104		urtment of the Treasury-Internal Revenue Serv S. Individual Income Ta		⁽⁹⁹⁾ 20	21	OMB No. 1	545-0074	IRS Use Onl	y—Do not v	write or staple	in this space.
Filing Statu Check only one box.	lf yo	Single X Married filing jointly [u checked the MFS box, enter the r on is a child but not your dependen	name of y	ed filing separa /our spouse. If							
Your first name	e and mi	ddle initial	Last nar	me					Your so	ocial securi	y number
FNU			CHAN	DAN SAXEN	JA				184-	04-669	6
If joint return, s	spouse's	first name and middle initial	Last nar	me					Spouse	's social se	curity number
GARIMA			SAXE	NA					752-	68-543	1
Home address	(numbe	r and street). If you have a P.O. box, see	e instructio	ons.				Apt. no.	Preside	ential Election	on Campaign
9317 AL	MAR 1	PLACE								here if you,	
City, town, or	post offic	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	ate	ZIP	code			tly, want \$3 Checking a
PITTSBU	RGH				P.	A	15	237	· · ·	low will not	0
Foreign count	y name		F	oreign province/	state/cour	nty	Fore	ign postal code	your ta	x or refund.	
										You	Spouse
At any time d	uring 20	21, did you receive, sell, exchange	, or othe	rwise dispose (of any fina	ancial intere	est in an	y virtual curre	ency?	Yes	X No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•		•	a depende	nt				
Deduction		spouse iternizes on a separate retui		were a dual-si	latus allei						
Age/Blindnes	s You:	Were born before January 2, 1	1957	Are blind	Spouse	e: 🗌 Was	born be	fore January	2, 1957	🗌 ls bl	ind
Dependent	s (see	instructions):		(2) Social se	ecurity	(3) Relation	onship	(4) if c	qualifies fo	or (see instru	ctions):
If more	(1) Fi	rst name Last name		number to you			u	Child tax of	credit	Credit for ot	her dependents
than four	STU	TI SAXENA		951-94-	0756	Daught	er				×
dependents, see instructior	IS ——										
and check											
here 🕨 📃											
	1	Wages, salaries, tips, etc. Attach	Form(s) V	N-2					. 1	1	92,550.
Attach Sch. B if	2a	Tax-exempt interest	2a		_ b1	Taxable inte	rest		. 2k)	
required.	3a	Qualified dividends	3a		b (Ordinary div	idends		. 3k)	
) 4a	IRA distributions	4a		b 1	Taxable amo	ount.		. 4t)	
	5a	Pensions and annuities	5a		b 1	Taxable amo	ount.		. 5k)	
Standard	6a	,	6a			Taxable amo			. 6k)	
 Deduction for – Single or 	7	Capital gain or (loss). Attach Sche	edule D if	required. If no	t required	d, check her	re.	🕨			
Married filing	8	Other income from Schedule 1, lin	ne 10 .						. 8		12,390.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your tota	al income	ə			▶ 9	1	30,160.
 Married filing jointly or 	10	Adjustments to income from Sche							. 10		
Qualifying	11	Subtract line 10 from line 9. This is	s your ac	djusted gross	income	· · ·	• •		► <u>1</u> 1	1 1	30,160.
widow(er), \$25,100	12a	Standard deduction or itemized	deducti	ons (from Sch	edule A)		12a	25,10	0.		
Head of	b	Charitable contributions if you take	e the stan	dard deductior	n (see inst	ructions)	12b	60	0.		
household, \$18,800	с	Add lines 12a and 12b							. 12	c 2	25,700.
 If you checked any box under 											
	13	Qualified business income deduct	tion from	Form 8995 or	Form 899	95-A			. 13		
Standard Deduction,	13 14	Add lines 12c and 13 Taxable income. Subtract line 14							. <u>1</u> 3 . <u>1</u> 4	1	25,700. 54,460.

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

Form **1040** (2021)

Form 1040 (2021)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	25,478.
	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	25,478.
	19	Nonrefundable child tax cree	dit or credit for c	other depender	nts from Schedul	e8812		19	500.
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	24,978.
	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	24,978.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 19	,057.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c						25d	19,057.
If you have a	26	2021 estimated tax payment			3.7			26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a			
attach Sch. Elc.		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-						
	c	Prior year (2019) earned inco							
	28	Refundable child tax credit or			Schedule 8812	28			
	29	American opportunity credit				29			
	30	Recovery rebate credit. See				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug				-	lits 🕨	32	
	33	Add lines 25d, 26, and 32. T						33	19,057.
	34	If line 33 is more than line 24						34	
Refund	35a	Amount of line 34 you want				•		35a	
Direct deposit?	►b	Routing number X X X			► c Type:		Savings		
See instructions.	►d	Account number X X X							
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract				see instructions	. ►	37	5,989.
You Owe	38	Estimated tax penalty (see in				38	68.		,
Third Party	Do	you want to allow another							
Designee		· · · ·				. 🕨 🗌 Yes. Co	omplete b	below.	× No
-		signee's		Phone			onal identi		
		ne 🕨		no. 🕨			ber (PIN) 🖡		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation				t you an Identity
	. 10	ur signature		Date	Four occupation				N, enter it here
Joint return?					SOFTWARE 1	ENGINEER	(see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	tion			t your spouse an
Keep a copy for your records.								tity Prote inst.) ▶ [ction PIN, enter it here
,					SOFTWARE			115t.) •	
		one no. parer's name	Proporation alors	Email address	CHANDAN.SAX	ENAA@GMAIL.CC	PTIN		Chock if:
Paid			Preparer's signat			Date			Check if:
Preparer				KAM SAGAR	GUPTA TALLAM	1 03/11/2022	P0208		Self-employed
Use Only		n's name ► GLOBAL TAX		- C	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				678)965-9522
		m's address ► 2530 Pebb.		n Cummin	2		Firm	's EIN ►	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR. o to www.irs.gov/Form1040 for instructions and the latest information. OMB No. 1545-0074

Department of the Treasury Internal Revenue Service	 Attach to Form 1040, 10 Go to www.irs.gov/Form1040 for instr
Namo(s) shown on Ec	rm 1040 1040 SP or 1040 NP

Name	(s) shown o	n Forr	n 1040),	1040-SR,	or 1040-NR	
FNU	CHANDAN	SAX	ENA 8	ç	GARIMA	SAXENA	

Your social security number 184-04-6696

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		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, trus Schedule E		5	-12,390.
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	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) .	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 1041040-NR, line 8		10	-12,390.

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

Schedule 1 (Form 1040) 2021

Par	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)		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit		
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 violations		
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	
	BΔΔ REV 03/07/22 PRO	Sched	ule 1 (Form 1040) 2021

REV 03/07/22 PRO

					Supplementa								No. 1545-0074
(Form	1040)	(From	renta		e, royalties, partners		-				Cs, etc.)	2	021
	ent of the Treasury				Attach to Form 104							Attac	hment
	evenue Service (99)			Go to www.	irs.gov/ScheduleE	for inst	ructions	s and the	latest	information.	1		ence No. 13
. ,	shown on return											cial securi	-
	CHANDAN SA			-			- N-1		1. 11			04-669	÷
Part					are an individual, re	-					• •		
				-									
					would require you t		. ,						
<u>1</u> a					orm(s) 1099? . treet, city, state, Zl				• •			•	
A					IERGAON LINK			אוזס ח	JE N		PA TN	11105	7
B	DI 102 CO	01111(1)	C11 V			ROMD	VV2 11 (2 1	<i>D</i> , 101				41105	1
 1b	Type of Prop	oertv	2	For each r	ental real estate pro	opertv li	isted		Fair	Rental	Person	al Use	0.11/
	(from list be		_	above, rep	ort the number of f se days. Check the	air rent	al and		[Days	Da	ys	QJV
Α	3			if you mee	se days. Check the the the the	e QJV b to file a	lox only Is a	Α		365		0	
В				qualified jo	int venture. See ins	structio	ns.	В					
С								С					
Туре с	of Property:												
1 Sing	le Family Resid	lence	3	Vacation/S	Short-Term Rental	5 La	nd	7	7 Self-	Rental			
2 Mult	i-Family Reside	ence	4	Commerc			yalties	8	3 Othe	r (describe)			
Incom	e:				Properties:			Α		В			С
3						3			520.				
4	Royalties recei	ived .				4							
Expen													
5						5							
6						6							
7	-					7		2,	900.				
8						8							
9						9							
10	-	-				10			0 5 0				
11 12	0					11		2,	850.				
12					(see instructions)	12							
13						14		2	150.				
15						14			350.				
16						16		<i>2</i> ,	550.				
17						17		2.	660.				
18						18						_	
19	Other (list)	, ponee		•		10							
20		s. Add li			9	20		12,	910.				
21	•			•	d/or 4 (royalties). If	:							
					nd out if you must								
						21		-12,	390.				
22	Deductible ren	ital real	estat	e loss afte	r limitation, if any,								
	on Form 8582	(see ins	struct	ions) .		22	(12,3	90.)	()()
23 a			-		B for all rental prop			• •	23a		520.		
b	Total of all amo	ounts re	porte	ed on line 4	for all royalty pro	perties			23b				
С					2 for all properties				23c				
d					8 for all properties				23d				
е					0 for all properties				23e	12	2,910.		
24		•			n on line 21. Do n						. 24		
25					and rental real estat							(12,390.)
26					income or (loss).								
					on page 2 do not								10 000
F . -	· · · · ·				wise, include this a				line 41	on page 2 -12, 390	. 26		-12,390.
For Pap	perwork Reduct	ion Act N	NOTICE	e, see the s	eparate instructions	5.		NPA		12,590	· S	chedule E	(Form 1040) 2021

For Paperwork Reduction Act Notice, see the separate instructions.	Ν
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SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents



OMB No. 1545-0074

2021 Attachment Sequence No. 47

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Schedule8812 for instructions and the latest information.

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

Department of the Treasury

Name(s	,		security number
FNU	CHANDAN SAXENA & GARIMA SAXENA	184-04-	-6696
Part	I-A Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	180,160.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
с	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	180,160.
4a	Number of qualifying children under age 18 with the required social security number 4a	0.	
b		0.	
с		0.	
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0	. 5	
6	Number of other dependents, including any qualifying children who are not under age	1	
		1.	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside	ent	
	alien. Also, do not include anyone you included on line 4a.		
7	Multiply line 6 by \$500		500.
8	Add lines 5 and 7	. 8	500.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000 }		
	• All other filing statuses— $$200,000 \int \dots $. 9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.		0.
11	Multiply line 10 by 5% (0.05)	. 11	0.
12	Subtract line 11 from line 8. If zero or less, enter -0	. 12	500.
13	Check all the boxes that apply to you (or your spouse if married filing jointly).		
	A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United Stat		
	for more than half of 2021	X	
	B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021		
Part	I-B Filers Who Check a Box on Line 13		
Cautio	on: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.		
14a	Enter the smaller of line 7 or line 12	. 14a	500.
b	Subtract line 14a from line 12	. 14b	0.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A		25,478.
d	Enter the smaller of line 14a or line 14c	. 14d	500.
e	Add lines 14b and 14d	. 14e	500.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received	ed	
	for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the		
	instructions before entering an amount on this line. If you didn't receive any advance child tax credit paymer		0.
	for 2021, enter -0-	·	0.
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse filing initial) on your Letter(a) (410, the area causing of your active will be delayed	11	
_	filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	14.	500
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III		500.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR		500.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28		
	your Form 1040, 1040-SR, or 1040-NR		Ο.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/22 PRO Schedule 8812 (Form 1040) 2021

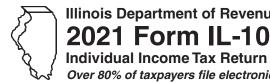
Part EQ Filers Who Do Not Check a Box on Line 13 Cature: If you encleded a box on line 13, do not complete Part I-C. 15a 15a Line: the amount from the Credit Linit Worksheet A 15a 16 Note the amount of hild income Credit Linit Worksheet A 15a 17 To wate are not fling From 2555. 15a 18 Line: the is more than file: 15a. 15d 19 To wate are not fling From 2555. 15d 19 To wate are not fling From 2555. 15d 19 The more than file: 15a 15d 10 To wate are not fling From 2555. 15d 10 To wate are not fling From 255. 15d 10 To wate are not fling From 25b and 15c. 15d 11 To wate are not fling From 25b and 15c. 15d 12 Catation: If the anount on this line densi't match the aggregate anounts reported to you (and your spous if fling jointly on your Litered) 4040. 15d 13 Stattract line 15c from line 15d. If zero or lines 15f through 15h and go to Part III 15f 14 Stattract line 15c from line 13. do not complete Parts II-A through II-C. you cannot claim the additional child tax credit. 15d 14 Stattract line 15f	Schedu	le 8812 (Form 1040) 2021	Page 2
Iss Encret the amount from the Credit Limit Worksheet A	Part	I-C Filers Who Do Not Check a Box on Line 13	
b Enter the smaller of line 12 or line 15a 15b Additional child at cerdit Complete Pars II. A through II. C if you meet each of the following items. 1 1. You are not tiling Horn 2555. 2. Line 4 is more than line 15a. 15c 2. Line 15 is more than line 15a. 15c 15d 3. Line 15 is more than line 15a. 15d 15d 4. Add lines 15b and 15c 15d 15d 6. Either the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(5) 4d+19 for the amounts to indiced on this line. If you are missing Letter 641, 90 see the instructions before entering an anount on this line. 3 you didt' receive any advance child tax credit payments for 2021. enter 4. 15d 7 Battering 16 the 15d. If zero of less, enter -0. on lines 15f through 15h and go to Part III. 15d 9 Line the 5f form line 15d. If zero of less, enter -0. on lines 15f through 15h and go to Part III. 15d 9 Mathing 15 and 15a. Your Form 1040, 1040-SR, or 1040-SR. 15d 9 Subtract line 55f form line 15d. And recro allows of parts 11-A through 11-C. 15d 16a Subtract line 15d form complete Parts 11-A through 11-C. 15d 17 Cautions If Your Bits 1A and 11-B and enter-0- on line 27 15h 18a	Cautio	on: If you checked a box on line 13, do not complete Part I-C.	
Additional child us credit. Complete Parts II-A through II-C if you meet each of the following items. I. You are not films [Form 2555, 2]. Line 4: is more than zero. 3. Line 15 more than iten 155. c If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0. 4. Add lines 15 hand 156. c Four the agregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See you Terret(s) 6(4) for the amounts to include on this line. If you are missing Letter 6419, see the for 2021. See you Terret(s) 6(4) for the amounts to include on this line. If you are missing Letter 6419, see the for 2021. See you Terret(s) 6(4) for the amounts to include on this line. If you are missing Letter 6419, see the for 2021. See you Terret(s) 6(4) for the amounts to include on this line. If you are missing Letter 6419, see the for 2021. See you Terret(s) 6(4) for the amount on the 10 for 2001. See you on a norm of maxim of the 10 for 2001. See you and your spouse if filing jointly on your Letter(s) 6(4) for game cosing do your room will be (alseed). f Subtract line 156 from line 151. This is your amount of hald have credit. Latter this amount on line 20 gourt Form 1040, 104b-SR, or 104b-SR. If 104b	15a	Enter the amount from the Credit Limit Worksheet A	15a
 You are not filing Form 2555. Line 4 is more than 200. Line 12 is more than line 15a. If you completed Pars II. A through II.C. enter the amount from line 27; otherwise, enter -0. If you completed Pars II. A through II.C. enter the amount from line 27; otherwise, enter -0. If and the 15b and 15c. If and	b	Enter the smaller of line 12 or line 15a	15b
 2. Line 4 is more than zero. 3. Line 12 is more than line 15a. c If you completed Pars II. A through II-C, enter the amount from line 27; otherwise, enter -0. 15c 15d 15d<		Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.	
a. Line 12 k more than line 15a. is c If you completed Pars II. A through II.C, enter the amount from line 27; otherwise, enter -0. is d Add lines 15b and 15c is e Enter the aggregate amount of advance child tax credit payments you (and your spouse) if filing jointly) received the for 2021. See your Letter(s) 6419 (on the amounts to include on this line. If you (and your spouse) if filing jointly) near the desen't match the aggregate amounts repreted to you (and your spouse) if filing jointly) on your Letter(s) 6419. In the mount will be delayed. g Funct the smaller of line 150. If iz zero or less, enter -0 on line 151 through 11k and got 0 part III. if is g Funct the smaller of line 157. This is your convertinghable child tax credit for other degendents. Enter this amount on line 19 d your Form 1040, 1040-SR, or 1040-SR. if is Part II-A Additional Child Tax Credit (use only if completing Part I-C) is Caution: If you thebeda box on line 13. on ot complete Pars II-A through II-C; you cannot claim the additional child tax credit. is Caution: If you thebeda box on line 13. On ot complete Pars II-A and them and enter -0. on line 27. id id b Number of qualifying children under 18 with the required social security number: x \$1,400. id id i Ba alto rece -0. on line 27. id id id id id b Number of qualifying children under 18 with the required social securit		1. You are not filing Form 2555.	
c if you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0. 15c d Add lines IS to and ISc 15d e Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on hits line. If you damace child accordit payments for 2021, enter -0. 15c Candion: If the amount on this line. Given it is the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. 15c G Subtract line 15c form line 15f. This is your nonrefundable child tax credit and credit for other dependents. Eatter this amount on line 19 of your Form 1400, 1400-SR, or 100-NR. 15c FartII-A Additional Child Tax Credit (use only if completing Part I-C) 15d Candion: If you checked a box on line 13. do not complete Parts II-A hand II-B and enter -0- on line 27. 15d Galton: If you checked a box on line 13. do not complete Parts II-A hand II-B and enter -0- on line 27. 16d There the smaller of line 16s or line 16b. 17 Base amount on line 19 bits is used as the and line a out enter -0 on line 27. 16d There the smaller of line 16s or line 16b. 17 Base amount on line 18 and enter -0- on line 27. 16d There the smaller of line 16s or line 16b. 17		2. Line 4a is more than zero.	
d Add thiss 15b and 15c 15d e Earcr the agregate amount of advance child tas credit payments you (add your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the for 2021, enter -0. 1sc Caution: If the amount on this line, enter the amounts of include on this line. If you are missing Letter 6419, see the for 2021, enter -0. 1sc Caution: If the amount on this line, descript much the aggregate amounts reported to you (add your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. 1sc g Enter the smaller of line 155 or this 157. This is your norefundable child tax credit accredit and credit for other the additional child tax credit. Caution: If you file form 1162.0 f your part 116 (1040-SR, or 1040-SR, or 1040-SR, or 1040-SR, or 1040-SR, or 1040, 1040-SR, or 1040-SR, in 15-S declare 2, 0 on line 27. <td></td> <td>3. Line 12 is more than line 15a.</td> <td></td>		3. Line 12 is more than line 15a.	
 e Enter the aggregate amount of advance child tax credit payments you (and your spose if filing jointly) received for 2020. See your Exter(sel1), See your and the settor (sel1), see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0. f subtract line 156 from line 150. If zero or less, enter -0 on lines 151 through 115 and go to Part III	c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0	15c
for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child us credit payments for 2021, enter -0 15e Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. 15e I Subtract line 156 form line 154. If zero or these, enter -0- on lines 15f frungs) filing and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR. 15g B Subtract line 155 from lise your additional child tax credit. Enter this amount on line 28 of your form 1040, 1040-SR, or 1040-NR. 15g Caution: If you checked a box on line 13. do not complete Parts IL-A through IL-C; you cannot claim the additional child tax credit. 16a I as Subtract line 15h from line 12. If zero, skip Parts IL-A and IL-B and enter -0- on line 27 16a I as Subtract line 15h from line 12. If zero, skip Parts IL-A and IL-B and enter -0- on line 27 16a I as Subtract line 15h from line 12. Mit the required social security number: \$1,000 Enter the smaller of line 16 you file floo - 0 line 27 16a I as obstract line 15h from line 12. Mit the required social security number: 21,000 I as the amount on line 18a. Inter the result 19 I as the amount on line 18a. Inter the result 19 <td>d</td> <td>Add lines 15b and 15c</td> <td>15d</td>	d	Add lines 15b and 15c	15d
instructions before entering an anount on this line, If you didn't receive any advance child tax credit payments 15e for 2021, enter -0- instructions before entering an annount on this line, If you didn't receive any advance child tax credit payments 15e filing jointly on your Letter(s) 6419, the processing of your return will be delayed. 15f 15f g Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Futer this amount on line 19 of your Form 1040, 1040-SR, kor 1040-SR Gasturet line 15h from line 12 if Zaro, skip Parts II-A and II-B and enter -0- on line 27 16a Subtract line 15h from line 12 if Yaro, skip Parts II-A and enter -0- on line 27 16a Nember of children yours 16 with the required social security number: x \$1,4,400 There the result 1/2 ero, skip Parts II-A and II-B and enter -0- on line 27 16a Next Lon line 16a or line 16b 17 Is the amount on line 18a more than \$2,5007 18b <t< td=""><td>e</td><td>Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received</td><td></td></t<>	e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received	
for 2021, enter -0. 15e Caution: If the anomuto no this line desn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your. Letter(s) 6419, the processing of your return will be delayed. 15f f Subtract line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III 15f g Enset the smaller of line 15b or line 157. This is your additional child tax credit. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR 15g Part II-2 Additional Child Tax Credit (use only if completing Part II-2) Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a Idea Number of qualifying children under 18 with the required social scurity number: x \$1,400. Enter the smaller of line 16 or in line 10. 17 Idea 18a b Nontaxable combat pay (see instructions). 18b 19 Is the amount on line 19b 15%. (of 15) and enter the result. 19 20 Multiply the amount on line 19b 15%. (of 15) and enter the result. 19 21 Withithe scu, and x and an enter -0- on line 27. 16b 23 Multiply the amount on		for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the	
Cuttor: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing joint()) on your Letter(s) 6419, the processing of your return will be delayed. Image: Cuttor in the instruction in the instruction will be delayed. f Subtract line 156 fm line 156. This is your nonrefundable child tax credit and credit for other dependents. Earch this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR. Image: Cuttor in the instruction in the instruction in the instruction in the additional child tax credit. PartUL-A Additional Child Tax Credit (use only if completing Part I-C) Image: Cuttor in the instruction in the additional child tax credit. Caution: If you file Form 2555, do not complete Parts II-A and II-B and enter -0- on line 27 Image: Cuttor in the instruction in the instruction in the additional child tax credit. Ida Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 Image: Cuttor in the instruction in the insthermal therestill if reco, instruction in the instruction in the i			150
filing jointly) on your Letterity 6419, the processing of your return will be delayed. Image: Source of the so			150
f Subtract line 15c from line 15c from line 15f. This is your nonrefundable child tax credit and credit for other dependents. Eater this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR 15g PartIL-A Additional Child Tax Credit (use only if Completing Part I-C) 15h Caution: If you file Form 2555, do not complete Pars II-A through 1-C; you cannot claim the additional child tax credit. 16a 16a Subtract line 15g from line 17. Trace, skip Pars II-A and II-B and enter -0- on line 27 16a 16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a 16b Number of qualifying children under 18 with the required social security number: x \$1,400. 17 17a 18a 17a 18a 19 18a 19 19 19 s the amount on line 18 nore than \$2,500? 19a 19 19 s the amount on line 18 nore than \$2,500? 19a 19 19 s the amount on line 18a more than \$2,500? 19a 19 19 s the amount on line 18a more than \$2,500? 19a 19 19a 19a 19a 20 Multiply the amount on line 18a. Enter the result 19a 21 20 nuine 27. 19a 20a <t< td=""><td></td><td></td><td></td></t<>			
g Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax redit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-SR	f		15f
dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-SR. 15g h Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR 15h PartII-A Additional Child Tax Credit (use only if completing Part1-C) 15h Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a 16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a 16a Inter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a 17 TiP: The number of children you use for this line is the same as the number of children you use for this line is a the same as the number of children you use for line 4a. 17 18a Earned income (see instructions) 18a 17 19 Is the amount on line 18a, more than \$2,500? 18a 19 19 Is the amount on line 18a. Enter the result 19 20 Next. On line 16b, is the amount on line 18a. Enter the result 19 20 19 Is the amount on line 18a. There the result 19 20 19 Is the amount on line 17, skip Part II-B and enter the smaller of line 17 on line 27. 20			151
h Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your form 1040, 1040-SR, or 1040-SR, or 1040-SR. 15h PartULA Additional Child Tax Credit (use only if completing Part I-C) 15h Caution: If you checked a box on tomplete Parts II-A through II-C: you cannot claim the additional child tax credit. 16a Lias Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27. 16a b Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the smaller of line 16a or line 16b 16a 16a 18a Earned lincome (see instructions). 18b 17 18b Earned lincome (see instructions). 18b 17 19 Is the amount on line 19b tifs (0.15) and enter the result 19 20 19 Is the amount 54,200 or more? 18b 19 20 19 No. Leave line 10b lank and enter the result 19 20 20 19 20 on line 27. 10b 12 20 19 20 maint 10; by the amount on line 19 by 15% (0.15) and enter the result 19 20 20 on line 27. 0 no line 27. 20 20 <	g		15α
Form 1040, 1040-SR, or 1040-SR. 15b PartUPA Additional Child Tax Credit (use only if completing Part I-C) Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Idea 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Idea 16a Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a TIP: The number of children you used for this line is the same as the number of children you used for line 4a. 17 Is harmed income (see instructions). 18b 17 Is the amount on line 18 more than \$2,500? 18b 19 Is the amount on line 19 more than \$2,500? 18b 19 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 20 Vest. If line 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 21 21 Hest of the amount \$4,200 or more? 21 <td>h</td> <td></td> <td>135</td>	h		135
PartII-PA Additional Child Tax Credit (use only if completing Part I-C) Caution: If you file Form 255. do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Ida b Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0 on line 27 16a TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17 Is a famed income (see instructions). 18a b Nontaxable combat pay (see instructions). 18b composition of the 27. 19 Vest. Subtract \$2,500 from the amount on line 18a more than \$2,500? 19 No. Leave line 19 blank and enter -0 on line 20. 19 Vest. Subtract \$2,500 from the amount on line 19 by 15% (0.15) and enter the result 19 20 Mettriple amount on line 19 by 15% (0.15) and enter the result 19 20 Net. Cave line 19 blank and enter -0 on line 20. 19 20 Mettriple Action 100 by 15% (0.15) and enter the result 19 20 20 on line 27. Otherwis	п		15h
Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Ioa Distract line 156 from 1612. If zero, skip Parts II-A and II-B and enter -0- on line 27	Part	Additional Child Tax Credit (use only if completing Part I-C)	1.511
Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a b Number of qualifying children under 18 with the required social security number:			
16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a b Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 16b TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 16b 17 If a famed income (see instructions) 17 18a Earned income (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? 18a 19 Is the amount on line 19 bank and enter -0- on line 20. Yes. Subtract S2,500 from the amount on line 18a. Enter the result 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 20 Next. On line 16b, is the amount \$4,200 or more? No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 21. 20 21 Withheld social security. Medicare, and Additional Medicare taxes from Form(s) W-2. 21 22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15, Schedule 2 (Form 1040), line 13. and Schedule 2 (Form 1040), line 15, Schedule 2 (Form 1040), line 14. 22 23 Add lines 21 and 22.			x credit.
b Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0 on line 27 160 TIP: The number of children you used for hildren you used for line 4a. 17 If Enter the smaller of line 16a or line 16b 17 If Enter the smaller of line 16a or line 16b 17 If Enter the smaller of line 16a or line 16b 17 If Enter the smaller of line 16a or line 16b 18 If Enter the smaller of line 18a more than \$2,500? 18b If Is the amount on line 18 more than \$2,500? 18 Multiply the amount on line 19 more than \$2,500 or more? 19 If Mex Subtract \$2,500 from the amount \$4,200 or more? 19 O Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Multiply the amount \$4,200 or more? 20 No. If line 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 20 Otherwise, go to line 21. 21 21 If the 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 21 Otherwise, go to line 21. 21 21 If the 20 is equal to or more than line 17,			
Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 160 TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17 If Enter the smaller of line 16 of 0. 17 I8a Earned income (see instructions) 18a b Nontaxable combat pay (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? No. Leave line 19 blank and enter -0- on line 20. Ves. Subtract \$2,500 from the amount on line 18a. Enter the result 19 No. Leave line 19 blank and enter -0- on line 20. Ves. Subtract \$2,500 from the amount on line 18a. Enter the result 19 No. Leave line 19 blank and enter +0- on line 20. Ves. Colline 16b, is the amount \$4,200 or more? No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 21. 20 21 Vitheld social security. Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you gaid Additional Medicare Tax or tier 1 RRTA taxes, see instructions 1040, line 5; Schedule 3 (Form 1040), line 15. 23 24 1040 and 1040 schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 24 25 26 27 28 29 20			
TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17 Barred income (see instructions) 18a Barred income (see instructions) 18a Is the amount on line 18 a more than \$2,500? No. Leave line 19 blank and enter -0- on line 20. Yes. Subtract \$2,500 from the amount on line 18a. Enter the result Yes. Subtract \$2,500 from the amount on line 18a. Enter the result Yes. Subtract \$2,500 from the amount on line 18a. Enter the result Yes. Subtract \$2,500 from the amount on line 18a. Enter the result Yes. Subtract \$2,500 from the amount \$4,200 or more? No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. Otherwise, go to line 21. Otherwise, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. Otherwise, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, skip Part II-B and enter the smaller of line 17 on line 2	~		16b
17 Enter the smaller of line 16a or line 16b 17 18a Earned income (see instructions) 18b b Nontaxable combat pay (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? 19 19 No. Leave line 19 blank and enter -0- on line 20. 19 20 Multiply the amount on line 19b up 15% (0.15) and enter the result 19 20 Multiply the amount on line 19b up 15% (0.15) and enter the result 20 Next. On line 16b, is the amount \$4,200 or more? 19 20 on line 27. 20 Ves. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 21. 21 22 23 24 24 25 26 27 27 28 29			
18a Earned income (see instructions) b Nontaxable combat pay (see instructions) 19 Is the amount on line 18a more than \$2,500? No. Leave line 19 blank and enter -0 on line 20. Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19 Is the amount on line 19 by 15% (0.15) and enter the result 20 Next. On line 16b, is the amount \$4,200 or more? No. If line 20 is zero, enter -0 on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. Otherwise, go to line 21. PartII-B Certain Filers Who Have Three or More Qualifying Children 21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2. boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions 21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2. boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions 21 22 23 24 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040, line 15. Schedule 2 (Form 1040), line 11. 24 25 26 Enter the larger of line 20 or line 25. Next, enter the angler of line 17 or line 26 on line 27. 26 27 26 27 27 27 27	17		17
b Nontaxable combat pay (see instructions). 18b 19 Is the amount on line 18 more than \$2,500? □ No. Leave line 19 blank and enter -0- on line 20. □ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Next. On line 16b, is the amount \$4,200 or more? 19 □ No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 20 Otherwise, go to line 21. 21 Part II-S Certain Filers Who Have Three or More Qualifying Children 21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions 21 23 Add lines 21 and 22 23 24 10400 and 1040-SR filers: Enter the total of the amounts from Schedule 2 (Form 1040), line 13. 23 24 1040 and 14 of the amount from Schedule 3 (Form 1040), line 11. 24 25 25	18a		
19 Is the amount on line 18a more than \$2,500?			
□ No. Leave line 19 blank and enter -0- on line 20. 19 19 □ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19 20 Next. On line 16b, is the amount \$4,200 or more? 20 20 □ No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 20 □ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. 21 Part II-B Certain Filers Who Have Three or More Qualifying Children 21 21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare taxe or tier 1 RRTA taxes, see instructions 21 22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 13 22 23 Add lines 21 and 22 23 23 24 1040-SR filers: Enter the total of the amount from Schedule 3 (Form 1040), line 11. 24 24 24 1040-SR filers: Enter the amount from Schedule 3 (Form 1040), line 11. 24 25 25 Subtract line 24 from line 25. Schedule 3 (Form 1040), line 11. 24<			
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Next, enter the smaller of line 17 or line 26 on line 27. Part II-C Additional Child Tax Credit 27 Enter this amount on line 15c 27			
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27 Enter this amount on line 15c 27	Part		
			27
			edule 8812 (Form 1040) 2021

Schedu	le 8812 (Form 1040) 2021		Page 3
Par	Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)		
28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line	30	
	Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	Enter the amount shown below for your filing status.		
	• Married filing jointly or Qualifying widow(er)—\$60,000		
	• Head of household—\$50,000		
	• All other filing statuses—\$40,000	33	
34	Subtract line 33 from line 3. If zero or less, enter -0	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0 This is your additional tax. If more than zero, enter		
	this amount on Schedule 2 (Form 1040), line 19	40	
	BAA REV 03/07/22 PRO Sch	nedule 8812 (For	m 1040) 2021

Form	8867	Paid Preparer's Due	an Opportunity Tax Credit (AOTC).		OMB	No. 1545	-0074
(Rev. De	ecember 2021)	Child Tax Credit (CTC) (including the A Credit for Other Dependents (ODC)), and	Head of Household (HOH) Filing S	ina Itatus			
	nent of the Treasury Revenue Service	 To be completed by preparer and filed with Form Go to www.irs.gov/Form8867 for inst 	n 1040, 1040-SR, 1040-NR, 1040-F	PR, or 1040-SS.	Attach Seque	ment nce No.	70
Тахрауе	er name(s) shown or	n return		Taxpayer identi	fication nu	umber	
FNU	CHANDAN SA	AXENA & GARIMA SAXENA		184-04-6	696		
Enter pr	reparer's name and	PTIN					
SYAI		1 SAGAR GUPTA TALLAM		P0208270	3		
Part	Due Dili	gence Requirements					
	e benefit(s) clain	propriate box for the credit(s) and/or HOH filing ned (check all that apply).			e the rela		arts I–V HOH
1		lete the return based on information for the ap obtained by you? (See instructions if relying or		the taxpayer	Yes X	No	N/A
2	worksheets fo 1040) instruct	claimed on the return, did you complete th und in the Form 1040, 1040-SR, 1040-NR, 10 ions, and/or the AOTC worksheet found in hat provides the same information, and all re	040-PR, 1040-SS, or Schedule the Form 8863 instructions,	e 8812 (Form or your own	X		
3	the following.Interview the	/ the knowledge requirement? To meet the kn taxpayer, ask questions, and contemporaneo	usly document the taxpayer's				
	determine th	at the taxpayer is eligible to claim the credit(s)	and/or HOH filing status.				
		mation to determine that the taxpayer is eligitor of gure the amount(s) of any credit(s)	ble to claim the credit(s) and/o	•	X		
4	information re	mation provided by the taxpayer or a third asonably known to you, appear to be incorre ons 4a and 4b. If "No," go to question 5.) .		nt? (If "Yes,"		×	
а	Did you make	reasonable inquiries to determine the correct,	complete, and consistent infor	mation? .			
b	Did you conte	mporaneously document your inquiries? (Do	cumentation should include th	ne questions			
	you asked, wh	nom you asked, when you asked, the information		e impact the			
5	keep a copy o applicable wo 8867 and any taxpayer that	y the record retention requirement? To meet the fyour documentation referenced in question 4 rksheet(s), a record of how, when, and from we applicable worksheet(s) was obtained, and a you relied on to determine eligibility for the croof the credit(s)	b, a copy of this Form 8867, a hom the information used to p copy of any document(s) pro edit(s) and/or HOH filing status	vided by the s or to figure	×		
	List those doc	uments provided by the taxpayer, if any, that y	ou relied on:				
6	credit(s) and/c	e taxpayer whether he/she could provide doc or HOH filing status and the amount(s) of an ted for audit?	y credit(s) claimed on the retu	urn if his/her	X		
7	Did you ask th	e taxpayer if any of these credits were disallow	ed or reduced in a previous ye	ear?	X		
	•	re disallowed or reduced, go to question 7a;					
а	Did you compl	ete the required recertification Form 8862? .					
8		is reporting self-employment income, did you ule C (Form 1040)?					
For Pa		ion Act Notice, see separate instructions.	REV 03/07/22 PRO		Form 886	67 (Rev.	12-2021)

Form 8	867 (Rev. 12-2021)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с Part	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
i di t	or ODC, go to Part IV.)			0.0,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quituition and related expenses for the claimed AOTC?	alified	Yes	No
Part			o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
Part	and provided more than half of the cost of keeping up a home for the year for a qualifying person? Eligibility Certification			
r ai t	 You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you: 	nd/or H	OH fili	ng
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	0	-	
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.			
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount			
	If you have not complied with all due diligence requirements, you may have to pay a penalty for e comply related to a claim of an applicable credit or HOH filing status (see instructions for more in the second			
4.5		'	Var	N.

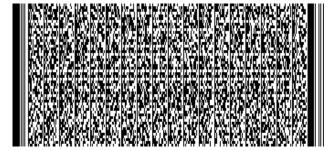
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	X	
	REV 03/07/22 PRO Form 88	67 (Rev.	12-2021)



Illinois Department of Revenue 2021 Form IL-1040

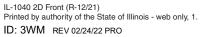
Step 1: Personal Information

			1982
184-04-6696 7	52-68-	5431	1984
FNU		CHANDAN	SAXENA
GARIMA		SAXENA	
9317 ALMAR PLACE			
PITTSBURGH	PA	15237	



CHANDAN.SAXENAA@GMAIL.COM

			g jointly Married filing separately Widowe bouse if filing jointly, as a dependent. See instructions			
			2021: X Nonresident - Attach Sch. NR Part			۲ ۲
↓	Ste 1 2 3 4		ur federal Form 1040 or 1040-SR, Line 11. dend income from your federal Form 1040 or 1040	-SR, Line 2a.	(Whole do 11 2 31	Vilars only) 80,160.00 .00 80,160.00
Staple W-2 and 1099 forms here	5 6 7 8 9	p 3: Base Income Social Security benefits and certain re received if included in Line 1. Attach F Illinois Income Tax overpayment include Schedule 1, Ln. 1. Other subtractions. Attach Schedule N Check if Line 7 includes any amount Add Lines 5, 6, and 7. This is the total Illinois base income . Subtract Line 8	Page 1 of federal return. ed in federal Form 1040 or 1040-SR, M. t from Schedule 1299-C. of your subtractions.	5 6 7	.00 .00 .00	.00 80,160.00
Staple W-2 ai		b Check if 65 or older: ☐ You + c Check if legally blind: ☐ You +	the amount from Schedule IL-E/EIC, Step 2, Line 1.		.00 .00	7,125.00
040-V	11 12 13	5: Net Income and Tax Residents: Net income. Subtract Line	e 10 from Line 9. hts: Enter the Illinois net income from Schedule NR. (.0495). Cannot be less than zero. hts: Enter the tax from Schedule NR. httach Schedule 4255.	Attach Schedule I	NR. 11 12 13 14	76,836.00 3,803.00
Staple your check and IL-1040-V		Property tax and K-12 education expe Attach Schedule ICR. Credit amount from Schedule 1299-C.	an Illinois resident. Attach Schedule CR. nse credit amount from Schedule ICR. Attach Schedule 1299-C. Datal of your credits. Cannot exceed the tax amount of	15 16 17 on Line 14.	0 0 18 19	0 <u>.00</u> 3,803.00
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		IL-1040 2D Front (R-12/21) Printed by authority of the State of Illinois - web only, 1.	This form is authorized as outlined under the Illinois In- come Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.			





24	Total tax from Page 1, Line 23	3.														24	3,80	3 <u>.00</u>	
Ste	p 8: Payments and Refund	able Credit																	
25	Illinois Income Tax withheld. At	tach Schedule IL-\	NIT.								25	5		3,	975 <u>.</u> (<u>00</u>			
26	Estimated payments from Form	ns IL-1040-ES and	IL-505	5-I,															N
	including any overpayment app	lied from a prior ye	ear retu	urn.							26)			.(<u>00</u>			Ĭ
27	Pass-through withholding. Attac	h Schedule K-1-P	or K-1-	-T.							27				.(<u>00</u>			AN
28	Pass-through entity tax credit. A	ttach Schedule K-	1-P or	K-1-	T.						28	<u> </u>			.(<u>00</u>			₫
	29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29 <u>.00</u>									<u>00</u>			Ŗ						
									3,97	5.00	Ξ.								
Ste	p 9: Total																		Ξ
	If Line 30 is greater than Line 24															31	17	2.00	Ē
32	If Line 24 is greater than Line 30	, subtract Line 30 fr	om Line	e 24.												32		.00	F
	p 10: Underpayment of Esti		-									SI	ер	10 fc	or lat	e-payme	nt pena	lty	R
for	underpayment of estimate	d tax or to make	e a vo	lunt	ary o	char	rita	ble c	lona	atio	n.								ö
33	Late-payment penalty for under										33	<u> </u>				<u>)0</u>			9
	a Check if at least two-third							•											H
	b Check if you or your spou					-	-			-									Ξ
	c Check if your income was	not received even	ly durir	ng th	e yea	r an	d yc	ou an	nual	izec	l yo	ur i	nco	ne o	n Fori	m IL-2210.			Ŧ
	Attach Form IL-2210.																		PZ
	d Check if you were not rec	u ired to file an Illin	nic Ind	lividu					irn i	n th	o n	rovi	2110	tav v					
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	Voluntary charitable donations.	Attach Schedule	G.	iiviau	iai ind	come	e la	x reil			34					<u>)0</u>		0.0	SIGN
35	Voluntary charitable donations. Total penalty and donations.	Attach Schedule	G.			come			11111		-					<u>)0</u> 35		.00	SIGNAT
35	Voluntary charitable donations.	Attach Schedule	G.			come					-							.00	SIGNATUR
35 Ste	Voluntary charitable donations. Total penalty and donations. p 11: Refund If you have an amount on Line	Attach Schedule Add Lines 33 and	G. 34.								34	۱ <u> </u>				35			
35 Ste 36	Voluntary charitable donations. Total penalty and donations . p 11: Refund If you have an amount on Line This is your overpayment .	Attach Schedule Add Lines 33 and 31 and this amoun	G. 34. t is gre	ater	than	Line	35	, subt	tract	Lin	3 4	5 fr				35 36		2.00	
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35 Ste 36 37 38 38 39 Ste	Voluntary charitable donations. Total penalty and donations. Total penalty and donations. P 11: Refund If you have an amount on Line This is your overpayment. Amount from Line 36 you want of I choose to receive my refund to a ⊠ direct deposit - Complet You may also contribute to college savings funds here. See instructions! b □ paper check. Amount to be credited forward. P 12: Amount You Owe	Attach Schedule Add Lines 33 and 31 and this amoun refunded to you. C by e the information b Routing number Account number Subtract Line 37 f 32, add Lines 32 a 31 and this amoun	G. 34. t is gre Check c below if 0 8 2 9 rom Lir nd 35. t is less	eater one t f you 1 1 1 1 o s that	than oox or 9 0 6. See r - an Lin	Line Lin k thi 0 4 1 3 e ins e 35	9 35 e 38 s bc 1 { 3 t truc	, subh 3. See 9x. 3 0 5 0 1 titions	tract e ins 8 9	: Lin	34 e 3 ctior	ן 5 fr זא. X	om l	-ine (<u>.(</u> 31.	35 36 37 Saving	17	<u>2.00</u> 2.00	

Step 13: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature		Date (mm/dd/yyyy)	Spouse's signature		Date (mm/dd/yyyy)	Daytime phone number		
Here							()		
	Print/Type paid preparer's name			Paid prepare	r's signature	Date (mm/dd/yyyy)		Paid Preparer's PTIN	
	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA R	AM SAGAR GUPTA TALLAM	03/11/2022	self-employed	P02082703	
	Firm's name GLOBAL		TAXES LLC		Firm's FEIN	30101719	01017196		
Here Paid Preparer Use Only Third Party	Firm's address	2530 Pebl	ble Creek LnC	Cumming GA 30041		Firm's phone	(678) 965-9522		
	Designee's name (please print)				Designee's phone nun	nber	Check if the Department may		
Party Designee				()			discuss this return with the third party designee shown in this step.		

Refer to the 2021 IL-1040 Instructions for the address to mail your return.



\sum	Illinois Department of Revenue
	2021 Schedule NR
or,	Attach to your Form IL-1040

Nonresident and Part-Year Resident **Computation of Illinois Tax**

IL Attachment No. 2

	FNU CHANDAN SAXENA & GARIMA SAXENA	1 8 4 _ 0 4 _ 6 6 9 6
_	Your name as shown on your Form IL-1040	Your Social Security number
S	Step 1: Provide the following information	
1	Were you, or your spouse if "married filing jointly," a full-year residen	t of Illinois during the tax year?
	Yes X No If you answered "Yes," STOP yo	u cannot use this form (see instructions).
2	If you, or your spouse if "married filing jointly," were a part-year resid	lent during the tax year, tell us your residency dates for 2021.
	a I lived in Illinois from// 2 1 to// 2 1 Month Day Year Month Day Year	lived in from/ / 2 1 to/ / 2 1 State Month Day Year Month Day Year
	b My spouse lived in Illinois from// <u>2</u> <u>1</u> to// <u>2</u> Month Day Year Month Day Year	
3	If you were a resident of any of the states listed below during the tax was in the military, or if you elected to use your service member spo	x year, if you were in Illinois only to accompany your spouse who buse's state of residence for tax purposes, check the appropriate box.
	🗌 Iowa 📄 Kentucky 📄 Michigan	Wisconsin Military Spouse
4	List any state other than Illinois or any states already indicated on L Enter the two-letter abbreviation of that state.	ine 2 or 3 above, that you claimed residency for tax purposes in 2021.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

_	1			Federal Total	Illinois Portion
	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5_	192,550 <u>.00</u>	80,000.00
	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7 _	.00	.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8_	.00	.00
	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 _	.00	.00
	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	.00	.00
	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
ome	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
ğ	14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
<u></u>	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-12,390 <u>.00</u>	0.00
	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00
	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9))		
		Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 _	.00	.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total ind	come.	20	80,000.00
		Continue with Step 3 on Page 2			



Schedule NR – Page 2

Step 3: Continued

St	ер	3: Continued	Column A Federal Total		Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	80,000.00
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00	.00
Income	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	25	.00	.00
nco	26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)		.00	.00
tol	27	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27	.00	.00
	28		28	.00	.00
en.		Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)		.00	.00
djustments			30	.00	.00
Ist			31	.00	.00
jĽ		Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	.00
Ă	33	RESERVED	33		
	34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00	.00
	35	Other adjustments (see instructions)	35	.00	.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
		adjustments to income.		36	.00
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37180,16	<u>00.00</u>	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted groat	ss income.	38	80,000.00

Step 4: Figure your Illinois additions and subtractions

th	e inst	mn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
ante		Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	.00
18			40	.00	.00
	5 41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	80,000.00
;	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
		Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			
	2	Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
<u> </u>	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
ΙË	45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00

Step 5: Figure your Illinois income and tax

	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.		46	80,000.00
ions	47	If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9.	47	180,160.00	
Calculation		Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10.	48 49	0 • 444 7,125.00	
	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	43	50	3,164.00
Тах	51	Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11.	→	51	76,836.00
	52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than Enter the amount here and on your Form IL-1040, Line 12.	zero.	0.	
		This is your tax.	-	52	3,803.00



Illinois Department of Revenue 2021 Schedule IL-E/EIC

Illinois Exemption and Earned Income Credit

IL Attachment No. 30

Attach to your Form IL-1040

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties. You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

ENOTE If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

Step 1: Provide the following information

FNU CHANDAN SAXENA & GARIMA SAXENA	1 8 4 0 4 6 6 9 6
Your name as shown on your Form IL-1040	Your Social Security number

Illinois Dependent Exemption Allowance Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
STUTI	SAXENA	951-94-0756	Daughter	04/10/2010				

1 Multiply the total number of dependents you are claiming by \$2,375. <u>1</u> X \$2,375 Enter the result here and on Form IL-1040, Line 10d.

2,375.**00**

Continue to Page 2 to calculate Illinois Earned Income Credit



1



Illinois Earned Income Credit

Complete this section **only** if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2. <u>=Note</u> If you are not claiming a qualifying child, do not complete the table below.

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

		Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	
										n
										n -
2 2a	Ente If yo Doe If yo	er your business inc ou report an amoun s your occupation rea	es and tips from your feder come or (loss) from your nt on Line 2, you must quire a city, state, or coun o Line 2a, you must enter	federal Form 1040 answer the quest ty issued profession	or 1040-SR, Sc ion in Line 2a k al license, registr uing agency and	pelow. ation, or certificati your license, regis	2_ ion? 2a stration,	Yes 🗌] No	.00
	, , ,		Issuing Agency			cense, Registration	n, or Certifi	ication Num	ber	-
	retu mar I If yo	rn as married filing s ried filing jointly fede ou entered an amou	1 federal return as marri separately, enter your fed eral Form 1040 or 1040-S int on Line 3, enter your	leral adjusted gross SR, Line 11.	income (AGI) fro	om your	3 _ 3a			.00
4		ried filing jointly fede	erai return. box marked on your W-2,	Wage and Tax State	ement, Box 13?		3a 4	Yes] No [
5 6	Ente Mul	er the amount of fed tiply the amount on ois residents: Ente	Dur Illinois Ear leral Earned Income Cre Line 5 by 18% (.18). er 1.0. t-year residents: Enter	edit from your feder	al Form 1040 or		27a. 5_ 6_ 7_	•		.00

8 Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit.

Enter this amount here and on your Form IL-1040, Line 29.

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act

→ 8 ____

.00



Illinois Department of Revenue

2021 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.									
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A						
W-2	W	1099-DIV	D						
W-2G	WG	1099-INT	I						
1099-R	R	1042-S	S						
1099-G	G	1099-B	В						
1099-MISC	М	1099-K	K						
1099-OID	0	1099-NEC	N						

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

FNU CHANDAN SAXENA Your name as shown on Form IL-1040				8 4 cial Se	urity num	0 4 ber		6 6	9	6	
Column A Form type Employer/Payer Identification Number		Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.			Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.				Column E Illinois Income Tax Withheld		
1₩	27-3246858 000	\$	96,500 . 0	0	\$	80,	000 <u>•00</u>	\$	3,9	75 .00	
2		\$	•0	0	\$		•00	\$		•00	
3		\$	•0	0	\$		<u>•00</u>	\$		•00	
4		\$	•0	0	\$		<u>•00</u>	\$		•00	
5		\$	•0	0	\$		•00	\$		•00	

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

GARIMA SAXENA	7	5	2	_	6	8	_	5	4	3	1
Your spouse's name as shown on Form IL-1040	Your s	pouse	s Social	Secu	urity n	umber					

	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	u mn C , Winnings, Gross compensation, etc.	Illinois Wages	umn D , Winnings, Gross Compensation, etc.	I	Column E Illinois Income Tax Withheld
6			\$	•00	\$	•00	\$	•00
7			- \$	•00	\$	•00	\$	•00
8			- \$	•00	\$	•00	\$	•00
9			- \$	•00	\$	•00	\$	•00
10			\$	•00	\$	•00	\$	•00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

➡ Attach all Schedules IL-WIT to your IL-1040.

35	Illinois Department of Rev	venue		
5	2021 IL-8453 Illinois			bmission ID
Z	(Do not mail Form IL-8453 to th			
Stor	o 1: Provide taxpayer information			
Sich	FNU GARIMA SAX	ENA CHANDAN	SAXENA	1 8 4 _ 0 4 _ 6 6 9 6
	•	(and last name if different)	Last name	Social Security number
or	t 9317 ALMAR PLACE			$\frac{7}{5} \frac{5}{2} \frac{2}{5} \frac{6}{5} \frac{8}{5} \frac{5}{5} \frac{4}{5} \frac{3}{5} \frac{1}{5} \frac{1}$
type			1 5 0 0 5	Spouse's Social Security number
	PITTSBURGH	PA	15237 ZIP	Daytime phone number
	City		ZIF	Daytime phone number
	o 2: Complete information from tax re	eturn		176,8361_00_
	Net income from Form IL-1040, Line 11 Tax from Form IL-1040, Line 14			2 <u>3,803</u> 00
	Illinois Income Tax withheld from Form IL-10	040 Line 25 only (ente	er " 0 " if none)	3 <u>3,975</u> 00
	Overpayment from Form IL-1040, Line 36			4 <u>172</u> 00
	Total amount due from Form IL-1040, Line	40		5l <u>00</u> _
6	Filing status: Single X Married filing	jointly Married fili	ng separately Wido	wed Head of household
Ster	o 3: Complete direct deposit of refun	d or electronic fund	ls withdrawal inform	ation (Optional)
	nitiate a payment or refund transaction, th			
				, debit, deposit) with financial institutions located
withi	n the United States or those not funded by in Routing no. (RN): $\begin{array}{c} 0 \\ \end{array} \begin{array}{c} 8 \\ \end{array} \begin{array}{c} 1 \\ \end{array} \begin{array}{c} 9 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 4 \\ \end{array}$	nternational funds. Elect	tronic payments will not b	be accepted and refunds will be via paper check.
			0	
	Account no. (AN): 2 9 1 0 1 3			
	Type of account: X Checking Sa			
	Date the payment is to be electronically with		-	
11	Electronic funds withdrawal amount:	<u> 00_</u>		
-	Name on account:			
Step	o 4: Taxpayer declaration and signatu	re (Sign only after c	ompleting Step 2 and	d, if applicable, Step 3.)
>	I consent that my refund may be directly correct. If I have filed a joint return, this is			
		ic portion of my 2021 II ic overpayment of taxe	linois Individual Income	nt to initiate an ACH electronic funds Tax return. I authorize the financial institutions information necessary to answer inquiries
	I do not want direct deposit of my refund	l, or an electronic funds	withdrawal (direct debit	t) of my balance due.
origiı		knowledge, my return is	true, correct, and compl	nation I provided to my electronic return ete. I consent that my return, this declaration, ERO and/or the transmitter when my return has
been	accepted or rejected. If rejected, I authorize			
Sig	n e Your signature	Date	Spouse's signature (if i	joint return, both must sign) Date
	o 5: Electronic return originator (ERC			
l dec have	clare that I have examined this taxpayer's ele	ectronic Form IL-1040, nd declare, under pena	the information on this F	Form IL-8453, and accompanying information. I he best of my knowledge the taxpayer's return
			03/11/2022	
	ERO's signature		Date	Check if paid preparer: 🛛 (See instructions.)
	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
ERC	Firm's name or your name if self-employed			Your PTIN
use only	2530 Pebble Creek Ln			<u>3</u> 01_0_1_7_1_9_6
y	Mailing address			Federal employer identification number (FEIN)

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

GΑ

State

Cumming

City

30041

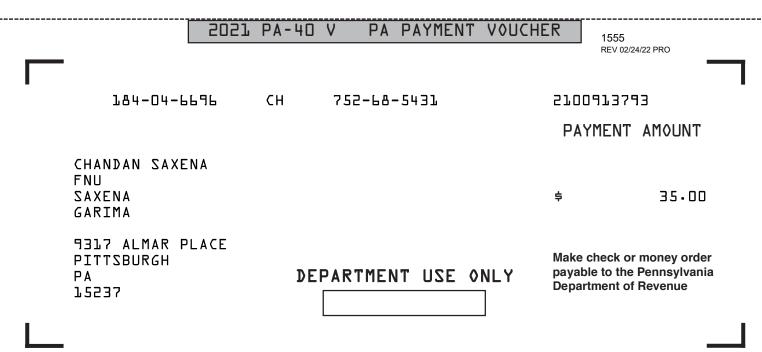
ΖIΡ



(678) 965-9522

Daytime phone number

MAKE CHECK PAYABLE TO: PENNSYLVANIA DEPARTMENT OF REVENUE MAIL TO: PENNSYLVANIA DEPARTMENT OF REVENUE PAYMENT ENCLOSED 1 REVENUE PLACE HARRISBURG, PA 17129-0001 NOTE: WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT), DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.



PA-40 - 2021 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (06-21)

						Ν	Extension.	Ν	Amended Return.
ጌሪዛ	046696	752685433	u l			-	Residency Status		
СНА	NDAN SAXENA	N				R	PA Resident/Nor		t/ P art-Year Resident
FNL	l		Occupation	SOFTWARE	E	J	from S ingle, Married/	Filing J	to ointly,
<u>ر ۸</u> Б	IMA		Occupation	SOFTWARE	F		M arried/Filing S	Separate	ly, \mathbf{F} inal Return
			I	SALIMAKE	-	Ν	Deceased		
SAX	ENA					Ν	Taxpayer Date of	f Death	
						N	Spouse Date of I	Death	
931	7 ALMAR PLA	CE							
PIT	TSBURGH		PA	15237		Ν	Farmers. School District N	Vame N	ORTH HILLS
				02690	I				
1a	Gross Compensation. qualifying retirement		-		one pay a	nd	la		115220
1b 1c	Unreimbursed Employ Net Compensation. So			1.			լր լշ		775220 0
2 3 4	3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if rea					uired.	2 3 4		0 0 0
5 6 7 8 9	 6 Net Income or Loss from Rents, Royalties, Patents or Copyrights. 7 Estate or Trust Income. Complete and submit PA Schedule J. 8 Gambling and Lottery Winnings. Complete and submit PA Schedule T. 				2,	5 6 7 8 9		0 0 115220	
10	Other Deductions. E	Enter the appropria	ate code fo			N	10		٥
11	See the instructions f Adjusted PA Taxable			from Line 9.			l l		115220
1555	REV 02/24/22 PRO								





PA-40 - 2021

Social Security Number

184046696 Name(s) FNU CHANDAN SAXENA

12 13	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions.	73 75	3455 3420
14 15 16 17 18	2021 Estimated Installment Payments. REV-459B included.	14 15 16 17 18	
19a	Forgiveness Credit. Submit PA Schedule SP.Filing Status:01 Unmarried or Separated02 Married03 DeceasedDependents, Section II, Line 2, PA Schedule SPTotal Eligibility Income from Section III, Line 11, PA Schedule SP.Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.		
22 23 24 25 26 27	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1 . Total Other Credits. Submit your PA Schedule OC . TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23. USE TAX. Due on internet, mail order or out-of-state purchases. See instructions. TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. N	22 23 24 25 26 27	0 3420 0 35 0
28 29	TOTAL PAYMENT DUE. See the instructions. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	28 29	35 D
30 31	The total of Lines 30 through 36 must equal Line 29. Refund – Amount of Line 29 you want as a check mailed to you. REFUND Credit – Amount of Line 29 you want as a credit to your 2022 estimated account. REFUND	37 30	0 0
32 33 34 35 36	Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions.	32 33 34 35 36	
0	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.		
You	Signature Spouse's Signature, if filing jointly		
SY	arer's Name and Telephone Number Date E-File Op AM PRIYA RAM SAGAR GUPTA TALLAM DILLES 39659522 Firm FER	V	N 301017196
	Preparer's 1555 REV 02/24/22 PRO Page 2 of 2	PIIN	P02082703



5700577334

PA SCHEDULE E

Rents and Royalty Income (Loss)

2101410021

PA-40 E (EX) 06-21 (I) PA Department of Revenue

PA Department of Revenue	OFFICIAL USE ON	LY
Name of the taxpayer filing this schedule	Social Security Number (shown first) or El	N
FNU CHANDAN SAXENA	184-04-6696	
Sales Tax License Number (if applicable). See the instructions.	Are rental payments made by lessees through a third party broker?	No

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. Note: If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

SECTION I PROPERTY DESCRIPTION

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

	Туре	Description of Property F	For Prof	it Prop	erty Complete Address (street, city, state and ZIP code)					
A			YES	\bigcirc	D1-102 COSTARICA WAKAD					
A	3	D1-102 COSTARICA WAKAD THERGAON	I NO		THERGAON LINK ROAD, WAKAD, PUNE, MAHARASHTRA, 4110					
B			YES	\bigcirc						
В			NO	\bigcirc						
С			YES	\bigcirc						
U			NO	\bigcirc						
Dro	Property type: 1 Single family residence 3 Vacation/chart term rental 5 Land 7 Self rental									

 Property type:
 1. Single family residence
 3. Vacation/short-term rental
 5. Land
 7. Self-rental

 2. Multi-family residence
 4. Commercial
 6. Royalties
 8. Other, describe:

INCOME & EXPENSES SECTION II Property A Property B Property C Line a: Identify the property from Section I and indicate ownership (T/S/J) Т s — J ΤC S J т S J Line b: Is the property rental location in PA? YES) NO YES NO YES NO Line c: Is the property rented for any period less than 30 days? 🔳 NO YES YES NO YES NO 520 1. Rent received Income: 1 2. Royalties received 2 Expenses: 3. Advertising 3 4. Automobile and travel 4 2,900 5. Cleaning and maintenance 5. 6 Commissions 6 7. Insurance 8. Legal and professional fees 8. 2,850 2,150 12. Repairs 12 2,350 14. Taxes - not based on net income14. 2,660 15. Utilities 12,910 18. Total Expenses - Add Lines 3 through 17 18. Income or Loss: 0 20. Loss - Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) ... 20. 0 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss) 22 23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1.(fill in the oval, if a net loss) 23 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, .(fill in the oval, if a net loss) 24. 0 total all Line 22 and 23 amounts and include on Line 6 of your PA-40. REV 02/24/22 PRO



1555

CLGS-32-1 (04-16)
es & es
27 Carlos

TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

MCCANDLESS TW

٦

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.

*If you have relocated during the tax year, pl	ease supply additio	nal information.			Ia	x Year 21	
DATES LIVING AT EACH ADDRESS	STREET	ADDRESS (No PO Box, RD or	RR)	CITY OR POST OFFI	CE	STATE	ZIP
то							
то							
				**If you n	eed addition	al space - please	see back of form.
LAST NAME, FIRST NAME, MIDDLE IN	TIAL		SPOUSE'S LAST NA	ME, FIRST NAME, MID	DLE INITIAL		
CHANDAN SAXENA, FNU			SAXENA, GAR	IMA			
STREET ADDRESS (No PO Box, RD or 9317 ALMAR PLACE	RR)						
SECOND LINE OF ADDRESS							
				STATE PA	ZIP CODE 15237		
PITTSBURGH DAYTIME PHONE NUMBER		RESIDENT PSD CODE		FA	13237		
		7 1 0 7 0 4	EXTENSION	AMENDED R	ETURN	NON-RES	
-			Social	Security #	Sp	ouse's Social	Security #
The calculations reported in the first in the column, regardless of who		•	1 8 4 0	4 6 6 9 6	7 5	2 6 8 5	5 4 3 1
Combining inco	ome is NOT pern	nitted.	If you had NO I	EARNED INCOME,	If you	had NO EARI	NED INCOME, son why:
ONLY USE BLACK OR BLU	E INK TO COM	IPLETE THIS FORM		e reason why:	disal		son wny:
			deceased	military		eased	military
Single X Married, Filing Jointly	Married, Filing	Separately 🗌 Final Return*		retired		emaker	retired
			unemployed	0.00		mployed	20740.00
 Gross Compensation as Reporte Unreimbursed Employee Busine 		,		00. 0			39740.00
3. Other Taxable Earned Income *							0.00
				0.00			
4. Total Taxable Earned Income (0.00			39740.00
5. Net Profit (Enclose PA Schedules*) NON-TAXABLE S-Corp earnings che				0.00			0.00
6. Net Loss (Enclose PA Schedules*)				0.00			0.00
7. Total Taxable Net Profit (Subtract L	ine 6 from Line 5.	If less than zero, enter zero)		0.00			0.00
8. Total Taxable Earned Income and	Net Profit (Add I	_ines 4 and 7)		0.00			39740.00
9. Total Tax Liability (Line 8 multipli	ed by 1.00	00)		0.00	397.00		
10. Total Local Earned Income Tax	Withheld (May no	t equal W-2 - See Instructions)		0.00			397.00
11.Quarterly Estimated Payments/C	redit From Previ	ous Tax Year		0.00			0.00
12. Out-of-State or Philadelphia Cre	dits (include supp	orting documentation)		0.00			0.00
13. TOTAL PAYMENTS and CRED	ITS (Add Lines 1	0 through 12)		0.00			397.00
14. Refund IF MORE THAN \$1.00,	enter amount (or select option in 15)		0.00			0.00
15. Credit Taxpayer/Spouse (Amou	nt of Line 13 you wa lit to spouse	nt as a credit to your account) \ldots		0.00			0.00
16. EARNED INCOME TAX BALAN	NCE DUE (Line 9	minus Line 13)		0.00			0.00
17. Penalty after April 15* (multiply	Line 16 by)		0.00			0.00
18. Interest after April 15* (multiply	Line 16 by)		0.00			0.00
19. TOTAL PAYMENT DUE (Add Lir	ies 16, 17, and 18)	·····		0.00			0.00
*See Instructions		REV 02/24/22 PRO					
Unde		ry, I (we) declare that I (we) have tatements and to the best of my					
YOUR SIGNATURE		SPOUSE'S	SIGNATURE (If Filing	Jointly)		DATE (MI	M/DD/YYYY)
PREPARER'S PRINTED NAME & SIGNA	TURE				PHONE NU	MBER	
SYAM PRIYA RAM SAGAR		LAM				65-9522	



PA-8879 (EX) 10-21

Declaration Control Number/Submission ID

Primary Taxpayer's Name	Social Security Number
FNU CHANDAN SAXENA	184-04-6696
Secondary Taxpayer's Name	Social Security Number
GARIMA SAXENA	752-68-5431
SECTION I TAX RETURN INFORMATION – TAX	YEAR ENDING DEC. 31, 2021 (whole dollars only)
. Adjusted PA taxable income (Form PA-40, Line 11)	
2. PA tax liability (Form PA-40, Line 12)	
3. Total PA tax withheld (Form PA-40, Line 13)	
Amount to be refunded (Form PA-40, Line 30)	
5. Total payment (tax due) (Form PA-40, Line 28)	5
SECTION II DECLARATION AND SIGNATURE AU	JTHORIZATION OF TAXPAYER

of my 2021 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

 I authorize
 GLOBAL TAXES LLC
 to enter my PIN
 46696
 as my signature on my tax year 2021

 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return.

Signature

SECONDARY TAXPAYER'S PIN Mark one oval only.

CX I authorize <u>GLOBAL TAXES LLC</u> to enter my PIN <u>85431</u> as my signature on my tax year 2021 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return.

Signature

Date

Date

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

587278 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2021 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature

Date

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO. Name FNU CHANDAN SAXENA Social Security Number 184-04-6696

				Federal Form	s W-2		
# of W2	* NT / TX B L	TS	NRH	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID
1 1 2 3		T T S S		AK INFORMATION TECHNOLOGIES INC 27-3246858 AK INFORMATION TECHNOLOGIES INC 27-3246858 AK INFORMATION TECHNOLOGIES INC 27-3246858 COGNIZANT TECHNOLOGY 13-3924155	96,500. 96,500. 56,250. 56,250. 39,800. 39,800.	16,500. 500. 80,000. 0. 56,250. 1,700. 39,800. 1,220.	PA IL PA PA

Pennsylvania W-2	Taxpayer 16,500.	Spouse 96,050.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Non-Pennsylvania W-2 to Schedule SP, line 6	80,000.	
Withholding	500.	2,920.

Federal Forms W-2: Local Tax

# of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
α 		<u>S</u>	<u>13-3924155</u> 	700102	<u> </u>	397.	PA

	Taxpayer	Spouse
Pennsylvania Local W-2		39,740.
Federal Form 4137, Unreported Tips, line 6		
Withholding		397.

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount
		·		

	Taxpayer	Spouse
Excess Reimbursements		

*	Payer Name		Payer EIN	T/S	Code	PA Taxable Comp.	e PA Tax Withheld	Fed. Income
Exe Jur Dire Exp Hor Cov Dar Iost	vania Payment type: ecutor fee y duty pay ector's fee poert witness fee norarium venant not to compete mages or settlement for t wages, other than sonal injury	H IJKL r NO	Other nonemplo Describe: Employer spons Distribution from Distribution from Distribution from Describe: Fiduciary fees fr Other income no Describe:	sored re n IRA (n Life Ir n Chari n Emple	etiremer Traditior Isurance table Gi byee Sto	nt/pension/de nal or Roth) e, Annuity or ft Annuities	Endowment C	-
Miscel Withho	laneous Compensation	n from Fo	orm 1099MISC/1	099K/′	099NE	C.	oayer	Spouse
		Comp	ensation from	Fede	ral For	ms 1099R		
*	Payer's EIN Payer's Name	T _{Fed} S #	PA Gro Type Distrib		1	Basis	PA Taxable	PA Tax Withheld
					- - -			
* E	nter an 'X' if this incom	le is Not	subject to Penn	sylvania	a tax - F	PA Part-Year	and Nonreside	ents Only.
N No 1 PA 1 Uni 2 Mili 3 U.S 1 Anr (inc 1 Ear 2 Rol	vania Distribution typentry school, state, or municited Mine Workers pentary pension 5. Civil service retirement of Non-civil service cluding Qual Joint Surver ly distribution from a re- lover eligible; plan is eligible	cipal emp sion ent/disab ce disabil ivorship etiremen	lity/annuity ity Annuity) t plan	12: J' K: K: M M M M	I Trad I Trad Non- I Life i Distr I ESO I ESO I ESO I SO I SO	itional or Roti itional or Roti qualified defensurance or ibution from (P: Allocated P: Non-Alloca P: Taxable E	t; plan is eligib n IRA; I'm ove n IRA; I'm und erred compens endowment Charitable Gift ESOP Stock I ated ESOP St SOP within a e ESOP within	r 59.5 er 59.5 sation plan Annuities Dividend ock Dividend 401(k)
i Distri Com	ibution from Life Insura ineligible retirement pla ibution from Charitable pensation from Form 1 holding	ans (see Gift Anr 099R (e	Tax Help FAQ's nuities	for mo . plans)	re info)	· · ·	oayer	
			Total Gross	Comp	ensati	on		
	gross compensation t					1	ayer 6,500.	Spouse 96,050
rotal	Schedule NRH gross	compen	sation to PA-40,	iine 12		· ·	500.	2,920

184-04-6696

Page 2

Total gross compensation to Form PA-40 line 1a 112,550.

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

FNU CHANDAN SAXENA