### **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

Taxnaver's name

Taxpayer's name	Social security number									
MOHIT ARORA	469-57-8700									
Spouse's name	Spouse's social security number									
PARUL DHAWAN	870-83-4350									
Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)										
Enter whole dollars only on lines 1 through 5.										
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.										
<b>1</b> Adjusted gross income	<b>1</b> 129,831.									
<b>2</b> Total tax	<b>2</b> 14,538.									
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 20,849.									
<b>4</b> Amount you want refunded to you	<b>4</b> 16,435.									
<b>5</b> Amount you owe	5									
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a copy of your return)									

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

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

X	Lauthorize	GLOBAL TA	XES LLC	to enter or generate my PIN	
	rautionze				

7	8	7	0	0	
			gits, all ze		as

0

Enter five digits, but don't enter all zeros

as mv

my

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.

Your signature

Mohit Arora

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 🕨	Parul Dhawan	Date	• (	04/08/	/2022	2							
	Practitioner PIN Method	Returns Only—continue bel	ow										
Part III Certificati	on and Authentication – Practitie	oner PIN Method Only											
ERO's EFIN/PIN. Enter	your six-digit EFIN followed by your five	e-digit self-selected PIN. 5	8	7	2	7	8	6	1	9	8	9	
					Don	't en	iter a	ıll ze	ros				

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	

Date <a>04/08/2022</a>

to enter or generate my PIN

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):       Child tax credit       Credit for other dependents         Attach       ALYXNNNA       ARORA       166-04-4716       Daughter       X       I       Id 0, 943.         Attach       ALYSSIA       ARORA       719-39-3524       Daughter       X       I       Id 0, 943.         Attach       2a       b       traxable interest	<b>1040</b>		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		(99) urn 2	202	1 ом	B No. 1545	-0074	IRS Use Only	—Do not v	vrite or st	aple ir	n this space.
MOHIT       ARORA       469-57-8700         If join return, spouse's first name and middle initial       Last name       Spouse's social security number and street). If you have a P.0. box, see instructions.       Apt. no.       Presidential Election Campaign 1011 CLEAR CREEKCANYON DR         Other, there if you, have a forsign address, also complete spaces below.       State       ZP code       pouse's first. If you have a forsign address, also complete spaces below.       State       ZP code       pouse if mile jointly, want S3 to go to this fund. Checking a box below. Will not change you rex or refund.         Foreign country name       Foreign province/state/country       Foreign postal code       you rex or refund.         Bedraftad       Someone can claim:       You as a dependent       You repouse as a dependent       You Spouse         Dependents       Sopouse it formance       (Prist name       Last name       Spouse:       (Prist qualifies for fee instructions):         If more differents       (I) First name       Last name       (Prist qualifies for fee instructions):       (I) Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness You:       Ware born before January 2, 1957       Are blind       Dependents       Alias readition for fee instructions):       (I) first name       (I) first name       III 10000000000000000000000000000000000	Check only	lf yo	u checked the MFS box, enter the r	name of										
It joint return, spouse's first name and middle initial       Last name       DHAWAN       870-83-4350         PARUL       B70-83-4350       President tablection Campaign       1011 CLEAR CREEKCANYON DR       President tablection Campaign         1011 CLEAR CREEKCANYON DR       ZP code       2P code       Spouse's social security ward S3       cgo to this fund. Oheoking a box see instructions.         Foreign country name       Foreign province/state/country       Foreign postal code       You Spouse is social security ward S3       to go to this fund. Oheoking a box see instructions.         Standard       Someone can claim:       You so a dependent       You roy spouse as a dependent       You Spouse       You Spouse       You Spouse         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       (1) First name       1       You Spouse       You Spouse       You Spouse       You Spouse       You Spouse       1       140,943.         Attach       Spouse itemizes on a separate return or you were a dual-status alien       Import	Your first name	e and mi	ddle initial	Last na	me						Your so	ocial se	curity	y number
PARUL       DHAWAN       870-83-4350         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Electro Campaign         IO11 CLEAR CREEKCANYON DR       Check here If you, or your       spouse if filing jointly, want S3         DIAMOND BAR       D1AMOND BAR       217 65       spouse if filing jointly, want S3         Foreign country name       Foreign province/state/county       Foreign postal code       you is constructions.         Foreign country name       Foreign province/state/county       Foreign postal code       you is constructions.         Standard       Someone can claim:       You as dependent       You "spouse as a dependent       You "spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness You:       Were born before January 2, 1957       Is blind         Dependents, see instructions):       (1) Social security       (3) Relationship       (4) €' if qualifies for (see instructions):         If more than four dependents, see instructions       Lixy NNA       ARORA       166-04-4716       Daughter       Alixy SSIA         Attach       Sa       Qualified dividends       3a       b< Ordinary dividends	MOHIT			AROR	A						469-	57-8	700	)
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here if you, or your stop of office. If you, or your CA       Presidential Election Campaign Check here if you, or your State         DIAMOND BAR       If you have a foreign address, also complete spaces below.       State       ZIP code QA       91765         Foreign country name       Foreign province/state/county       Foreign postal code       You       Spouse your tax or refund.         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       You game         Dependents       (see instructions):       (1) First name       Last name       Inumber       (a) Point as a dependent         If more       (1) First name       Last name       Inumber       (b) Staught er       I       140, 943.         Attach       2a       Tax-exempt interest       2a       b       Taxable amount.       4b         Standard       Social security benefits       5a       b       Taxable amount.       4b         Dependents       (see instructions):       (f) First name       I       140, 943.         Attach       2a	If joint return, s	spouse's	first name and middle initial	Last na	me						Spouse	's socia	l sec	urity number
1011 CLEAR CREEKCANYON DR       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       CP code       spouse if filling jointly, want \$3         DIAMOND BAR       CA       91765       box below will not change         Foreign country name       Foreign province/statk/county       Foreign postal code       your tax or refund.         You and the status of the stat	PARUL			DHAW	IAN						870-	83-4	350	)
City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       91.765         DLAMOND BAR       CA       91.765       box below will not Change box below.       Yea       You       Spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change box below will not change box below.         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       X No         Standard Deditions:       Spouse itemizes on a separate return or you were a dual-status alien       good to this fund. Checking a box below will not change box below.       Yes       No         Age/Blindness You:       Were bom before January 2, 1957       Are blind Spouse:       Was bom before January 2, 1957       Is blind         Dependents (see instructions):       (f) First name       Last name       (g) Social security       (g) Relationship       (f) If qualifies for (see instructions):         If more than four dependents, see instructions       ALYSSIA       ARORA       719-39-3524       Daught er       X       I       140,943.         Attach       2a       Tax-exempt interest       2a       b       Dordanzy dividends       3b       State of the autified dividends       3b       State of the autified dividends	Home address	(numbe	er and street). If you have a P.O. box, see	e instructio	ons.				A	pt. no.	Preside	ential El	ectio	n Campaign
Clay, Norm, of post clines, in your have a foreign adultess, also complete spaces below.       State       CA       91765         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):       (1) First name       Last name       In down of your dividends       In down	1011 CL	EAR (	CREEKCANYON DR									-		
DIAMOND BAR       CA       91765       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       number       Toredity for other dependents, are instructions):       Credit for other dependents, are instructions):         If more       (1) First name       Last name       number       Toredity for other dependents, are instructions):       Credit for other dependents, are instructions;         Altrach       ALYANNA       ARORA       719–39–3524       Daught er       X       Altrach         Standard       Debutction for       4a       b ordinary dividends       3b       Zb       Zb       34.         3a       Qualified dividends       3a       b ordinary dividends       3b       Zb       34.         4arch       Sa ordia file dividends       5a       b ordinary dividends       3	City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete s	paces below.		State		ZIP co	de		0		
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       Xes         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yeur spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):       Child tax credit       Credit for other dependents         if more       (1) First name       Last name       11 40,943.       20       20       20       20       32       34	DIAMOND	BAR					CA		917	65				•
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes   Yes No   Standard Deduction Someone can claim: You as a dependent   Age/Blindness You:   You: Were born before January 2, 1957   Are blind Spouse:   Was born before January 2, 1957   Are blind   Spouse: Was born before January 2, 1957   If more than four dependents, see instructions):   If more dependents, see instructions   ALYXNNA ARORA   1 166-04-4716   Daughter X   Altrix and check   2a b   Attach Sch. Bit required,   3a Qualified dividends   4a b   5a Pensions and annutites   5a Pensions and annutites   5a Pensions and annutites   5a Sch. Bit required,   7 Schale amount   6a Social security benefits   6a Scial security benefits   5a Pensions and annutites   5a Standard Deduction for-   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here   7 -   8 -11, 146.   9 Add justments to income from Schedule 1, line 26   10 Charitable contributions if you take the standard deduction (from Schedule 1, line 26,	Foreign countr	y name		F	oreign provin	ice/state/c	ounty		Foreig	n postal code				0
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (1) First name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):       Child tax credit       Credit for other dependents         Attrach       ALYSNIA       ARORA       166-04-4716       Daughter       X       Image: Comparison of the comparis												<b>Y</b>	ou	Spouse
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (1) First name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):       Child tax credit       Credit for other dependents         Attrach       ALYSNIA       ARORA       166-04-4716       Daughter       X       Image: Comparison of the comparis	At any time du	urina 20	021. did vou receive. sell. exchange	. or othe	rwise dispos	se of anv	financia	l interest i	in anv v	/irtual curre	ncv?		es	XNo
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       number       (3) Relationship       (4) V if qualifies for (see instructions):       Child tax credit       Credit for other dependents         dependents, see instructions and check       ALYANNA       ARORA       166-04-4716       Daughter       X       Image: Credit for other dependents         ad check       ALYSSIA       ARORA       719-39-3524       Daughter       Image: Credit for other dependents         trach       24       Wages, salaries, tips, etc. Attach Form(s) W-2       1       140, 943.         4ttach       2a       b       Taxable interest       2b       34.         3a       Qualified dividends       3a       b       Ordinary dividends       3b         sequired.       4a       Image: Credit for other dependents       3b       Scientary       3c         trach       3a       Qualified dividends       3a       b       Taxable interest       2b       34.         4ttach       3a       Qualified dividends		-							,		- ,			
Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):       Child tax credit       Credit for other dependents         dependents, see instructions       ALYANNA       ARORA       166-04-471.6       Daughter       Image: Credit for other dependents         and check       ALYSIA       ARORA       719-39-3524       Daughter       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other depend		_		•				pendent						
If more than four dependents, see instructions and check       Image: transme	Age/Blindnes	s You:	Were born before January 2, 1	957	Are blind	Spo	use:	Was bo	rn befo	-				
If more       If more       Internation       Internatindian       Internation	Dependent						(3)		nip			1		
dependents, see instructions and check       ALYSSIA       ARORA       719-39-3524       Daughter       X		<b>(1)</b> F	irst name Last name					-			redit	Credit for other depen		
See instructions       ALTSSIA       ARORA       719-39-3524       Daugneer       Image: Construction of the c		ts(see instructions):(2) Social security number(3) Relationship to you(4) ✓ if qualifies for (see instructions): Child tax credit(1) First nameLast name166-04-4716DaughterCredit for other dependentsALYANNAARORA166-04-4716DaughterXALYSSIAAPORA719-39-3524DaughterX												
here       I       Wages, salaries, tips, etc. Attach Form(s) W-2       I       140,943.         Attach       2a       Tax-exempt interest       I       140,943.         Sch. B if       2a       Ga       b       Taxable interest       I         Yequired.       4a       IRA distributions       Image: Salaries, tips, etc. Attach Form(s) W-2       Image: Salaries, tips, etc. Attach Form(s) W-2       Image: Salaries, tips, etc. Attach Salaries, tips, etc. Attach Form(s) W-2       Image: Salaries, tips, etc. Attach Salaries, tips, et		ALYANNA     ARORA     166-04-4716     Daughter     X       dependents, see instructions     ALYSSIA     ARORA     719-39-3524     Daughter     X												
Attach       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       140,943.         Attach       2a       b       Tax-exempt interest       2a       2b       34.         Sch. B if       3a       Qualified dividends       3a       b       Taxable interest       2b       34.         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       .       4a       b       Taxable amount       .       4b         5a       Pensions and annuities       .       5a       b       Taxable amount       .       .       4b         Standard       6a       Social security benefits       .       6a       b       Taxable amount       .													<u> </u>	<u> </u>
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b       34.         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Yequired.       4a       IRA distributions       4a       b       Ordinary dividends       3b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       6a       Social security benefits       6a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       6b         Vertice       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Standard       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       129, 831.         Widow(er),       10       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       11       129, 831.         Widow(er),       12a       Standard deduction or itemized deduction (see instructions)       12b       10       11       129, 831.         Widow(er),       12a       Standard deduction or itemized deduction (see instru	nere 🕨 📋												L	
Sch. B if required.       2a       Calarezening interest       34.       35.       35.       35. <td>Attach</td> <td><u> </u></td> <td></td> <td></td> <td>N-2.</td> <td>· · ·</td> <td></td> <td></td> <td>• •</td> <td></td> <td></td> <td>_</td> <td>14</td> <td></td>	Attach	<u> </u>			N-2.	· · ·			• •			_	14	
required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5tandard       Ga       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       Imaxable amount       1mustocom       1mustocom         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       Imaxable amount       1mustocom       1mus		2a	· ·				<b>b</b> Taxab	ole interes	t.					34.
5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         * Single or Married filing separately, \$12,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       *       *       8       -11,146.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       *       *       9       129,831.         10       Adjustments to income from Schedule 1, line 26       *       *       10       *         (ualifying widow(er), \$25,100       12a       Standard deduction or itemized deductions (from Schedule A)       *       12a       25,100.         12a       Standard deduction or itemized deduction from Form 8995 or Form 8995-A       *       12c       25,100.         13       Qualified business income deduction from Form 8995 or Form 8995-A       *       13       *       14       25,100.         14       Add lines 12c and 13       *       *       *       *       14       25,100.         15       Taxable income       *       *       *       *       *       *       14       25,100.       *		<u>3a</u>						5						
Standard Deduction for -       6a       Social security benefits				-										
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Single or Married filing separately, \$12,550       8       Other income from Schedule 1, line 10       8       -11,146.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       129,831.         • Married filing jointy or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       129,831.       10         • Head of household, \$18,800       •       12a       25,100.         • Had of household, \$18,900       •       12a       25,100.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • Had di lines 12c and 13       •       14       25,100.       13         • If you checked any box under Standard       14       25,100.       14       25,100.		\ \												
<ul> <li>Single or Married filing separately, \$12,550</li> <li>Married filing jointy or Qualifying widow(er), \$25,100</li> <li>Head of household, \$18,800</li> <li>If you checked any box under Standard</li> <li>If</li></ul>			,						t					
separately, \$12,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       129,831.         Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       129,831.       11       129,831.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.       11       129,831.         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       12c       25,100.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13a       12c, 25,100.       13a         14       Add lines 12c and 13       14       25,100.       14       25,100.       14       25,100.	Single or				required. If	not requ	ired, che	eck here	• •	► L		_		
\$12,550       9       Add lines 1, 25, 30, 40, 55, 60, 7, and 8. This is your total income       9       129, 831.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         • Married filing jointly or Qualifying widow(er), \$25,100       12       Standard deduction or itemized deductions (from Schedule A)       11       129,831.         • Head of household, \$18,800       12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.       12b         • Head of household, \$18,800       •       Add lines 12a and 12b       12b       12c       25,100.         • If you checked any box under Standard       14       Add lines 12c and 13       14       25,100.       13         • Add lines 12c and 13       •       •       •       14       25,100.       14			· · · · · · · · · · · · · · · · · · ·						• •			_		
jointy or Qualifying widow(er), \$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       11       129,831.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.       11       129,831.         * Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       12c       25,100.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       25,100.         14       Add lines 12c and 13       14       25,100.       14       25,100.         15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0-       15       104.731	\$12,550				2	otal inco	me .		• •			-	12	9,831.
Qualifying widow(er), \$25,100       12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100         Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       12c       25,100         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       25,100         14       Add lines 12c and 13       13       14       25,100       14       25,100         15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0-       15       104       731	1.1.1								• •			_		
\$25,100       12a       Standard deduction of itemized deductions (non scriedule A)       12a       23,100.         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       12b         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13a         14       Add lines 12c and 13       14       25,100.         15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0-       15       104	Qualifying			•				· · · ·	· ·				_12	9,831.
household, \$18,800       c       Add lines 12a and 12b       12c       25,100.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12c and 13       14       25,100.       14       25,100.         15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0-       15       104       731							,			25,10	0.			
\$18,800       C       Add lines 12a and 12b       12c       25,100.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12c and 13       14       25,100.       14       25,100.         15       Taxable income       Subtract line 14 from line 11 lf zero or less enter -0-       15       104.731		b						ons) <b>12</b>	b					
any box under Standard       14       Add lines 12c and 13       14       25,100.         Deduction,       15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0-       15       104       731	\$18,800												2	5,100.
Standard         14         Add lines 12c and 13         14         25,100           Deduction,         15         Taxable income         Subtract line 14 from line 11. If zero or less enter -0-         15         1.04         7.31	<ul> <li>If you checked any box under</li> </ul>													<b>F</b> 100
	Standard													
		15	I axable income. Subtract line 14	trom lin	e 11. If zero	or less,	enter -0-	• • • •	• •		. 15	5	10	4,731.

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

Form **1040** (2021)

Form 1040 (202	1)								Page <b>2</b>			
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	14,538.			
	17	Amount from Schedule 2, lin	ie3					17				
	18	Add lines 16 and 17						18	14,538.			
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19				
	20	Amount from Schedule 3, lin	ie8					20				
	21	Add lines 19 and 20						21				
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	14,538.			
	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 <b>total tax</b>				. 🕨	24	14,538.			
	25	Federal income tax withheld	from:			1 1						
	а	Form(s) W-2				<b>25a</b> 20	,849.					
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	,			25c						
	d	Add lines 25a through 25c						25d	20,849.			
If you have a	26	2021 estimated tax payment						26				
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a						
		Check here if you were k										
		January 2, 2004, and you taxpayers who are at least a										
	b	Nontaxable combat pay elec	-	1 1								
	c	Prior year (2019) earned inco				-						
	28	Refundable child tax credit or		L	Schedule 8812	28 4	,524.					
	29	American opportunity credit										
	30		opportunity credit from Form 8863, line 8									
	31	Amount from Schedule 3, lir				31		1				
	32	,	and 28 through 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. T		•				32 33	10,124. 30,973.			
Defined	34	If line 33 is more than line 24						34	16,435.			
Refund	35a	Amount of line 34 you want					_	35a	16,435.			
Direct deposit?	►b	Routing number 1 2 1					Savings					
See instructions.	►d	Account number 3 2 5										
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36						
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37				
You Owe	38	Estimated tax penalty (see in				38						
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See						
Designee		structions				. 🕨 🗌 Yes. Co	omplete b	elow.	🗙 No			
		signee's		Phone			onal identif					
		me 🕨		no. 🕨			oer (PIN)					
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		ur signature		Date	Your occupation				nt you an Identity			
		al olghatal o		Dato					N, enter it here			
Joint return?					SOFTWARE	ENGINEER	(see	inst.) 🕨				
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			it your spouse an			
your records.	,				SOFTWARE	ENCIMPED		inst.) 🕨	ection PIN, enter it here			
	Dh	(010)(10)(10)(0)	0	Email address								
		one no. (818)619-603 eparer's name	9 Preparer's signat		MOHIIH.AKUR	AA85@GMAIL.CO	PTIN		Check if:			
Paid		I PRIYA RAM SAGAR GUPTA TALLAM					P02082	2702	Self-employed			
Preparer				IVANI SAGAK	GUFIA IALLAN	1 07/09/2022			678)965-9522			
Use Only		m's name ► GLOBAL TA m's address ► 2530 Pebb		n Cummin	T GA 300/1			s EIN ►				
Co to units in					-							
GO IO WWW.Irs.g	uv/rom	n1040 for instructions and the late	si iniormation.		BAA	REV 04/01/22 PRO			Form <b>1040</b> (2021)			

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

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

OMB No. 1545-0074

Internal Revenue Service						
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number			
MOHIT ARORA &	PARUL DHAWAN	469-57	-8700			

#### Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
<b>2</b> 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, tru Schedule E		5	-11,146.
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			
		8k	-	
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81	_	
m	Section 951(a) inclusion (see instructions)	8m	_	
n	Section 951A(a) inclusion (see instructions)	8n	_	
0	Section 461(I) excess business loss adjustment	80	_	
р	Taxable distributions from an ABLE account (see instructions) .	8р	_	
Z	Other income. List type and amount ►	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	-11,146.

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

Schedule 1 (Form 1040) 2021

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic 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	3	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) $\blacktriangleright$			
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 <b>24b</b>			
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81 <b>24c</b>			
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 <b>24g</b>			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) <b>24h</b>			
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			
k	Excess deductions of section 67(e) expenses from Schedule K-1         (Form 1041) <b>24k</b>			
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 <b>adjustments to in</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 04/01/22 PRO

(Form 1040)         From rental real estate, royalies, partnerships, S. corporations, estates, trusts, REMCs, etc.         20:021           Decement at memory interval formers direction         > A tack to Form 1040, 1040-58, 1040-448, 1041.         Patternation.         Patternation.         10:000-000-000-000-000-000-000-000-000-0					Suppleme								OMB	lo. 1545-0074
Pice to www.irs.gov/ScheduleE for instructions and the latest information.         Assumments in the Manual M	(Form	1040)	(From	rental real es		-		-				Cs, etc.)	2	021
Namedia bottom on return       Your social security number 469=57-8700         Part1       Income or Loss From Rental Real Estate and Reyalties       Note If you are in the business of rentring personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4335 on page 2, line 40.         A Did you make any payments in 2021 that would require you to file Form(s) 10997. See instructions       Image 2, line 40.         A Ib Physical address of each property (stretc, city, state, ZIP Code)       Image 2, line 40.         B       C       Image 2, line 40.         C       Image 2, line 40.       Son Table 2, line 40.         B       C       Image 3, line 40.         C       Image 3, line 40.       Son Table 2, line 40.         B       C       Image 3, line 40.       Days       QJV         A 3       Image 3, line 40.       Son Table 40.       Days       QJV         A 3       Image 3, line 40.       Son Table 40.       Son Table 40.       Days       QJV         A 3       Image 3, line 40.       Son Table 40.       Son Table 40.       Days       QJV         Description       3       Vacation/Short-Term Rental 5       Land       T Self-Rental       2         1 Single Family Residence       3       400.       A       B       C     <	Departm Internal F	ent of the Treasury Revenue Service (99)		► Go to wi									Attach Seque	ment nce No. <b>13</b>
Part I       Income or Loss From Rental Real Estate and Royalties       Note. If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.         A Did you make any payments in 2021 that would require you to file Form(5) 10997. See instructions	Name(s)	shown on return										Your socia		
Schedule C. See instructions. If you are an individual, report arm ental income or loss from Form 4835 on page 2, line 40.           A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions. If Yes No         Yes No           In Physical address of each property (street, otty, state, ZIP code)         Yes         No           A HOUSE NO. 1 , FOUR MARLA SONIFAT HARXIAN IN 131001         B         SoniFAT HARXIANA         IN 131001           B         Type of Property         2 For each rental real astate property listed above, report the number of fair rental and personal use days. Check the GUV tox only fay on most the requirements to file as a set of the requirement of the requireme	MOHI	T ARORA &	PARUI	DHAWAN								469-5	7-870	)
A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions       □       ∨es X No         B f*Yes," did you or will you file required Form(s) 1099?       □       ∨es X No       No         1a Physical address of each property (street, city, state, ZIP code)       □       No       Yes No         A HOUSE NO. 1, FOUR MARLA SONIPAT HARYANA IN 131001       B       □       O         C       □       above, report the number of fair reginal and personal use days. Check the OW box only for our mether for early regination of fair reginal and qualified joint venture. See instructions.       A 365 0       □         C       □       adove, report the number of fair reginal and qualified joint venture. See instructions.       A 365 0       □       □         C       □       additional difference       A 365 0       □       □       □         C       □       □       C       □       □       □       □         C       □       □       C       □	Part	Income	or Loss	s From Renta	I Real Estate and	l Royal	ties	Note	: If you a	are in th	e business of	renting per	sonal pr	operty, use
B If "Yes," did you or will you file required Form(s) 10997		Schedule	C. See	instructions. If	you are an individual	, report	farm re	ental i	ncome o	or loss fi	rom Form 48	35 on page	2, line 4	).
Image: Text of the second second property (street, city, state, ZIP code)         A       HOUSE NO. 1, FOUR MARLA SONTPAT HARYANA IN 131000         B       C         C       Fair Rental       Days       QuV         A 3       Sontpart Haryana IN 13100       A 3       Days       QuV         B       C       Fair Rental       Days       QuV         A 3       Sontpart Haryana       IN 13100       A 3       Days       QuV         B       C       A 3       G       Days       QuV         A 3       Sontpart       Chor working       A 365       O       Days       QuV         Type of Property:       3       Vacation/Short-Term Rental 5 Land       Fair Rental       Personal 2       QuV         Income:       Properties:       A       B       C       C       C         Income:       Properties:       A       B       C       C       C         Income:       Properties:       A       B       C       C       C       C       C         Income:       Properties:       A       B       C       C       C       C       C       C       C       C       C       C       C								. ,						'es 🔀 No
A       HOUSE NO. 1       FOUR MARLA       SONIPAT HARYANA       IN 131001         B       Type of Property (from list below)       2       For each rental real estate property listed above, report the number of fair rental and personial use days, Check the QV lox only If you meet the requirements to file as qualified joint venture. See instructions.       Fair Rental Days       Personal Use Days       QJV         A       3       3       6       0       0       0       0         B	B If "	Yes," did you c	or will yo	ou file require	d Form(s) 1099?								. 🗆 Y	'es 🗌 No
B         Fair Rental real estate property listed above, report the number of fair rental and personal use days. Check the QM box only A         Fair Rental Days         Personal Use Days         Q,JV           A         3	<b>1</b> a	Physical addr	ess of	each property	(street, city, state	, ZIP co	ode)							
C         Type of Property (from list below)         2         For each rental real estate property listed above, report the number of fair rental and personal use days, Check the QW lox only fly cummers to file as a qualified joint venture. See instructions.         Fair Rental Days         Personal Use Days         QJV           A         3         3         addition of fair rental and qualified joint venture. See instructions.         A         365         0         □           Type of Property:         1         Single Family Residence         3         Vacation/Short-Term Rental         5         C         □         □           1 Single Family Residence         3         Vacation/Short-Term Rental         6         7         7         Self-Rental           2         Mult-Family Residence         4         Commercial         6         Royatties         8         C           3         Rents received         .         .         4         B         C           4         Royatties received         .         .         5         .         6         .         .           7         Cleaning and maintenance         .         .         5         .         .         .         .         .         .         .         .         .         .         .		HOUSE NO.	1,	FOUR MARI	A SONIPAT H	IARYAN	IA I	IN 1	3100	1				
Ib         Type of Property (from list below)         2         Eoreach rendt neal estate property listed aprice inport the multiple of fair pretail and personal use days. Check the QJV box only         Pair Rental         Personal Use Days         QJV           A         3														
Image: form list below, a bow, report the number of fair rental and personal use days. Check the GUV box only a dualified joint venture. See instructions.       Days       Days       Days       CUV         A       3       above, report the number of fair rental and personal use days. Check the GUV box only a dualified joint venture. See instructions.       A       365       0       □         C       Image: Check the GUV box only a dualified joint venture. See instructions.       A       365       0       □         Type of Property:       1       Single Family Residence       3 Vacation/Short-Term Rental 5 Land       7 Self-Rental       0       □         1       Single Family Residence       3 Vacation/Short-Term Rental 5 Land       7 Self-Rental       0       □       □         2       Multi-Family Residence       3 Vacation/Short-Term Rental 5 Land       7 Self-Rental       0       □       □         3       Rents received       .       .       4       8       0       □       0       □       0       1       0	C													
(from list below)         above, report the fumber of rail rental and proper of Property:         Days         Days           C	1b			2 For eac	h rental real estate	propert	y liste	d						QJV
B       qualified joint venture. See instructions.       B       □       □         Type of Property:       1 Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental       2         2 Multi-Family Residence       4 Commercial       6 Royatties       8 Other (describe)       2         Income:       Properties:       A       B       C         3 Rents received       .       .       3       600.         4 Royatties received       .       .       4       .         Expenses:       .       .       .       .         5 Advertising       .       .       .       .         6       .       .       .       .       .         7 Cleaning and maintenance       .       .       .       .       .         10 Legal and other professional fees       .       .       .       .       .         11 Angage interest paid to banks, etc. (see instructions)       .       .       .       .       .         13 Other interest, .       .       .       .       .       .       .       .         14 Applies       .       .       .       .       .       .       . <th></th> <th>(from list be</th> <th>elow)</th> <th>above, persona</th> <th>al use davs. Check</th> <th>the <b>QJ</b></th> <th>box (</th> <th>na onlv-</th> <th></th> <th>Ľ</th> <th>Days</th> <th>Days</th> <th>\$</th> <th></th>		(from list be	elow)	above, persona	al use davs. Check	the <b>QJ</b>	box (	na onlv-		Ľ	Days	Days	\$	
CCCType of Property:3Vacation/Short-Term Rental51Single Family Residence3Vacation/Short-Term Rental5Income:Properties:ABC3Rents received34Expenses:55Advertising6Auto and travel (see instructions)67Cleaning and maintenance7910Legal and other professional fees11Management fees1213Other interest14Repairs152.,70016173.,9001820Total expenses. Add lines 5 through 1921-11.,14622Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)23aTotal of all amounts reported on line 3 for all properties23aTotal of all amounts reported on line 4 for all properties23aTotal of all amounts repor		3		if you m	eet the requirement	nts to fil	e as a				365		0	
Type of Property:         1       Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental         2       Multi-Family Residence       4 Commercial       6 Royatties       8 Other (describe)         Income:       Properties:       A       B       C         3       Rents received       .       .       4         Expenses:       5       .       .       .         5       Advertising       .       .       .       .         6       Auto and travel (see instructions)       .       .       .       .         6       Auto and travel (see instructions)       .       .       .       .       .         9       Insurance       .       .       .       .       .       .       .         10       Legal and other professional fees       . <th></th> <th></th> <th></th> <th>quaime</th> <th>a joint venture. See</th> <th>mstruc</th> <th>tions.</th> <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>				quaime	a joint venture. See	mstruc	tions.	-						
1 Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental         2 Multi-Family Residence       4 Commercial       6 Royalties       8 Other (describe)         income:       Properties:       A       B       C         3 Rents received       .       .       4       .       .         4 Royalties received       .       .       4       .       .         5 Advertising       .       .       4       .       .       .         6 Auto and travel (see instructions)       .       6       .									С					
2 Multi-Family Residence       4 Commercial       6 Royalties       8 Other (describe)         Income:       Properties:       A       B       C         3 Rents received									-					
Income:       Properties:       A       B       C         3       Rents received	-													
3       Rents received       3       600.         4       Royalties received       4       600.         5       Advertising       5       6         6       Auto and travel (see instructions)       5       6         7       Cleaning and maintenance       7       1,146.         8       9       9       9         10       11       1,500.       11         11       Management fees       11       1,500.       11         12       00       11       1,500.       11         13       0ther interest.       14       2,500.       11         14       Repairs.       14       2,500.       15         15       Supplies       15       2,700.       16         16       Taxes       16       17       3,900.       18         19       10       11,746.       12       11,746.       12         20       11,746.       21       -11,146.       12       12       11,746.       12         21       -11,146.       12       12       11,746.       12       12       11,746.       12       12       11,746.       12	-		ence	4 Comm			Royalt	ties	_	3 Othe	· · · · ·			-
4       Royatties received       4         Expenses:       5       Advertising         5       Advertising       5         6       4       6         7       Cleaning and maintenance       7         9       1,146       6         9       6       6         9       6       6         9       1,146       7         9       1,146       7         9       1,146       7         9       1,146       10         9       10       10         11       1,500       11         12       11       1,500         13       0ther interest,,, 11       1,500         14       2,500       11         15       2,700       16         16       11       1,746         19       11       1,746         19       11       1,146         14       2,11,746       12         15       2,700       13         16       12       11,746         19       11,746       12         14       1,146       12		-	.1							<u> </u>	В			C
Expenses:       5       5         6       Advertising							-			600.				
5       Advertising       5       5         6       Auto and travel (see instructions)       7       1,146.         7       Cleaning and maintenance       7       1,146.         8       9       10         9       10       11         10       11       1,500.         11       1,500.       11         12       11       1,500.         13       11       1,500.         14       Repairs.       11         15       Supplies       14         2,700.       15       2,700.         16       Taxes       16         17       3,900.       18         18       19       12         20       Total expenses. Add lines 5 through 19       20         21       -11,746.       21         22       11,746.       23a         23a       Total of all amounts reported on line 3 for all rental properties       23a         60.       22       11,146.         23a       10 all amounts reported on line 12 for all properties       23a         60.       23a       600.         23a       10 all amounts reported on line 16 for all properties </th <th></th> <th></th> <th>ived .</th> <th></th> <th></th> <th>. '</th> <th>+</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>			ived .			. '	+							
6       Auto and travel (see instructions)	•						-							
7Cleaning and maintenance71,146.8Commissions.99Insurance9Insurance10Legal and other professional fees11Legal and other professional fees12Insurance13Insurance14Repairs.15Supplies16Insurance173,900.18Insurance19Insurance10Insurance111,500.12Insurance13Insurance142,500.152,700.16Insurance173,900.18Insurance19Insurance19Insurance2011,746.21Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 619822Insurance insurance23Total of all amounts reported on line 3 for all rental properties22Insurance insurance23a600.23aTotal of all amounts reported on line 12 for all properties23bInsurance23cInsurance23dInsurance23dInsurance23dInsurance23dInsurance23dInsurance23dInsurance23dInsurance23dInsurance23dInsurance23dInsurance23d		0					-							
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9       Insurance		•				· _			⊥,	140.				
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11       Management fees       11       1,500.         12       Mortgage interest paid to banks, etc. (see instructions)       12       13         13       Other interest.       14       2,500.         14       Repairs.       14       2,500.         15       Supplies       14       2,700.         16       15       2,700.         17       Utilities.       17       3,900.         18       Depreciation expense or depletion       18         19       Other (list) ▶       19         20       Total expenses. Add lines 5 through 19       19         20       Total expenses. Add lines 5 through 19       20         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21         21       -11,146.       22         22       11,146.       23a         33       Total of all amounts reported on line 3 for all renetal properties       23a         34       Total of all amounts reported on line 12 for all properties       23a         35       C       Total of all amounts reported on line 12 for all properties       23a         35       C       Total of all amounts reported on line 12 for a						-	-							
12       Mortgage interest paid to banks, etc. (see instructions)         13       Other interest.         14       Repairs.         15       Supplies         16       14         17       Utilities.         18       Depreciation expense or depletion         19       Other (list) ▶         20       Total expenses. Add lines 5 through 19         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198         21       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)         23a       Total of all amounts reported on line 3 for all rental properties         24       11, 146.         25       23a         26       11, 746.		-	-				-		1	500				
13       Other interest.       13         14       Repairs.       14       2,500.         15       Supplies       14       2,500.         16       Taxes       15       2,700.         16       Taxes       16       17         17       Utilities.       16       17         18       Depreciation expense or depletion       18       19         20       Total expenses. Add lines 5 through 19       18       19         20       Total expenses. Add lines 5 through 19       20       11,746.         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -11,146.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       11,146.         23a       Total of all amounts reported on line 3 for all rental properties       23a       600.         b       Total of all amounts reported on line 12 for all properties       23a       600.         c       Total of all amounts reported on line 12 for all properties       23d       11,746.         e       Total of all amounts reported on line 20 for all properties       23d       11,746.		-							±,.	500.				
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15       Supplies       15       2,700.         16       Taxes       17       3,900.         17       Utilities       17       3,900.         18       Depreciation expense or depletion       17       3,900.         19       Other (list) ▶       19       19         20       Total expenses. Add lines 5 through 19       20       11,746.         21       Subtract line 20 from line 3 (rents) and/or 4 (royatties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -11,146.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       11,146.         23a       Total of all amounts reported on line 3 for all rental properties       23a       600.         b       Total of all amounts reported on line 12 for all properties       23a       600.         c       Total of all amounts reported on line 12 for all properties       23a       600.         c       Total of all amounts reported on line 18 for all properties       23a       11,746.         e       Total of all amounts reported on line 20 for all properties       23a       11,746.							-		2.	500.				
16       Taxes       17       18         17       Utilities       17       3,900.         18       Depreciation expense or depletion       18         19       Other (list) ▶       19         20       Total expenses. Add lines 5 through 19       19         20       Total expenses. Add lines 5 through 19       19         20       Total expenses. Add lines 5 through 19       20         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22         23a       Total of all amounts reported on line 3 for all rental properties       23a         6       Total of all amounts reported on line 4 for all royalty properties       23b         c       Total of all amounts reported on line 12 for all properties       23c         d       Total of all amounts reported on line 18 for all properties       23d         e       Total of all amounts reported on line 20 for all properties       23d         23d       11,746.														
17       Utilities							6							
18       Depreciation expense or depletion       18       19         19       Other (list) ▶       19       19         20       Total expenses. Add lines 5 through 19       20       11,746.         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -11,146.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (11,146.)(())()         23a       Total of all amounts reported on line 3 for all rental properties       23a       600.         b       Total of all amounts reported on line 12 for all properties       23c       23c         d       Total of all amounts reported on line 18 for all properties       23d       23d         e       Total of all amounts reported on line 20 for all properties       23d       11,746.	17					. 1	7		3,	900.				
19       Other (list) ▶       19       10         20       Total expenses. Add lines 5 through 19       20       11,746.         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	18	Depreciation e	expense	or depletion		. 1	8							
<ul> <li>20 Total expenses. Add lines 5 through 19</li> <li>21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198</li></ul>	19	Other (list) 🕨	-	-		1	9							
result is a (loss), see instructions to find out if you must file Form 6198	20	Total expense	s. Add	lines 5 throug	h19	. 2	0		11,	746.				
result is a (loss), see instructions to find out if you must file Form 6198	21	Subtract line 2	0 from	line 3 (rents)	and/or 4 (royalties	s). If								
22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (       11,146.       )(       )(       ))         23a       Total of all amounts reported on line 3 for all rental properties       .       .       23a       600.         b       Total of all amounts reported on line 4 for all royalty properties       .       .       23b         c       Total of all amounts reported on line 12 for all properties       .       .       23c         d       Total of all amounts reported on line 18 for all properties       .       .       .         e       Total of all amounts reported on line 20 for all properties       .       .       .														
on Form 8582 (see instructions)22(11,146.)()()()())23aTotal of all amounts reported on line 3 for all rental properties23a600.bTotal of all amounts reported on line 4 for all royalty properties23bcTotal of all amounts reported on line 12 for all properties23cdTotal of all amounts reported on line 18 for all properties23deTotal of all amounts reported on line 20 for all properties23d1		file Form 6198	3			. 2	1		-11,	146.				
23aTotal of all amounts reported on line 3 for all rental properties23a600.bTotal of all amounts reported on line 4 for all royalty properties23b23bcTotal of all amounts reported on line 12 for all properties23c23cdTotal of all amounts reported on line 18 for all properties23d23deTotal of all amounts reported on line 20 for all properties23d11,746.	22				,				<b>.</b> .		,		,	
bTotal of all amounts reported on line 4 for all royalty properties23bcTotal of all amounts reported on line 12 for all properties23cdTotal of all amounts reported on line 18 for all properties23deTotal of all amounts reported on line 20 for all properties23d1746	•			,					11,1		(	)	(	
cTotal of all amounts reported on line 12 for all properties23cdTotal of all amounts reported on line 18 for all properties23deTotal of all amounts reported on line 20 for all properties23e11,746.				-		-						600.		
dTotal of all amounts reported on line 18 for all properties23deTotal of all amounts reported on line 20 for all properties23e11,746.				-		-								
e Total of all amounts reported on line 20 for all properties				-										
												1 746		
<b>24 Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses <b>24</b>				•						236	1.	<b>24</b>		

For Pa	perwork Reduction Act Notice, see the separate instructions. NPA -11, 146.	Sc	hedule E (Form 1040) 2021
	Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	-11,146.
	here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result		
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .	25	( 11,146.)
24	Income. Add positive amounts shown on line 21. Do not include any losses	24	

Schedule E (Form 1040) 2021

#### SCHEDULE 8812 (Form 1040)

Department of the Treasury

### **Credits for Qualifying Children** and Other Dependents



OMB No. 1545-0074

20 1 Attachment Sequence No. 47

► Attach to Form 1040, 1040-SR, or 1040-NR. Internal Revenue Service (99) Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s)	shown on return	Your so	cial s	ecurity number
MOHIT ARORA & PARUL DHAWAN 469-5				
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	129,831.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c	. 2	2d	0.
3	Add lines 1 and 2d		3	129,831.
4a	Number of qualifying children under age 18 with the required social security number 4a	2.		
b	Number of children included on line 4a who were under age 6 at the end of 2021 4b	2.		
c	Subtract line 4b from line 4a	0.		
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0		5	7,200.
6	Number of other dependents, including any qualifying children who are not under age18 or who do not have the required social security number6	0.		
	<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. residulien. Also, do not include anyone you included on line 4a.	lent		
7	Multiply line 6 by \$500		7	
8	Add lines 5 and 7		8	7,200.
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.	. 1	10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Subtract line 11 from line 8. If zero or less, enter -0	. 1	12	7,200.
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 Sta			
	for more than half of 2021			
	<b>B</b> Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021			
Part				
	n: 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		4a	0.
b	Subtract line 14a from line 12		4b	7,200.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the <b>Credit Limit Worksheet A</b>		4c	0.
d	Enter the smaller of line 14a or line 14c		4d	0.
e	Add lines 14b and 14d		<b>4e</b>	7,200.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received a spouse of the			
	for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see instructions before entering an amount on this line. If you didn't receive any advance child tax credit payment			
	for 2021, enter -0	. 1	4f	2,676.
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse	e if		
	filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	. 1	4g	4,524.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on l	line		
	19 of your Form 1040, 1040-SR, or 1040-NR		4h	0.
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	. 1	4i	4,524.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 04/01/22 PRO Schedule 8812 (Form 1040) 2021

Schedu	le 8812 (Form 1040) 2021	Page <b>2</b>
Part	I-C Filers Who Do Not Check a Box on Line 13	
Cautio	on: If you checked a box on line 13, do not complete Part I-C.	
15a	Enter the amount from the Credit Limit Worksheet A	15a
b	Enter the smaller of line 12 or line 15a	15b
	Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.	
	1. You are not filing Form 2555.	
	<b>2.</b> Line 4a is more than zero.	
	<b>3.</b> Line 12 is more than line 15a.	
с	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0	15c
d	Add lines 15b and 15c	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 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 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.	
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other	
	dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	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
Part		
	n: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.	
	n: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child ta	
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: $x \$1,400$ .	10
	Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b
17	Enter the smaller of line 16a or line 16b	17
17 18a	Earned income (see instructions)	17
b	Nontaxable combat pay (see instructions)	-
19	Is the amount on line 18a more than \$2,500?	
17	<b>No.</b> Leave line 19 blank and enter -0- on line 20.	
	<b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result <b>19</b>	
20	Multiply the amount on line 19 by $15\%$ (0.15) and enter the result $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$	20
	<b>Next.</b> On line 16b, is the amount \$4,200 or more?	
	<b>No.</b> If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line	
	20 on line 27.	
	<b>Yes.</b> 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.	
Part	II-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	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form	-
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . <b>22</b>	
23	Add lines 21 and 22	
24	1040 and	
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27a,	
	and Schedule 3 (Form 1040), line 11.	
	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.	
25	Subtract line 24 from line 23. If zero or less, enter -0	25
26	Enter the <b>larger</b> of line 20 or line 25	26
	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
	BAA REV 04/01/22 PRO Sch	edule 8812 (Form 1040) 2021

Schedu	le 8812 (Form 1040) 2021		Page <b>3</b>
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	
	<b>Caution:</b> 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	<ul> <li>Enter the amount shown below for your filing status.</li> <li>Married filing jointly or Qualifying widow(er)—\$60,000</li> <li>Head of household—\$50,000</li> </ul>		
	• 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	
			40.40\ 00.04

REV 04/01/22 PRO BAA

Schedule 8812 (Form 1040) 2021

Form	8889
Depar	tment of the Treasury

## Health Savings Accounts (HSAs)

OMB No. 1545-0074 2021

Attachment Sequence No. **52** 

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

► Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service

	Social security number of HSA
MOHIT ARORA	beneficiary. If both spouses have HSAs, see instructions ► 469-57-8700

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021.	each	spouse.	—
1	See instructions	Sel	f-only 🗵 Fami	ily
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0	<u> </u>
3	If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3	7,200	•
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	0	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,200	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	833	•
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7		
8	Add lines 6 and 7	8	833	
9	Employer contributions made to your HSAs for 2021    9    833.			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11	833	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	0	
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0	÷
Part		inato F	ISAs complet	to
rare	a separate Part II for each spouse.	later	ions, complet	10
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	21	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
С	Subtract line 14b from line 14a	14c	21	
15				_
16	Qualified medical expenses paid using HSA distributions (see instructions)	15	21	_
	Qualified medical expenses paid using HSA distributions (see instructions)			•
17a	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this	15	21	•
b	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	15 16 17b	21	•
17a b Part	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e.	15 16 17b	21 0 efore	•
b Part	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e.         If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here         Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c         Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	15 16 17b ions b arate	21 0 efore	•
b Part 18	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	15 16 17b ions b arate	21 0 efore	•
b Part	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	15 16 17b ions b arate	21 0 efore	•
b Part 18	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	15 16 17b ions b arate	21 0 efore	•
b Part 18 19	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e.         If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here         Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c         III       Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.         Last-month rule       .         Qualified HSA funding distribution       .         Income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z,	15 16 17b ions b arate 18 19	21 0 efore	•

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

Form	8889
Depar	tment of the Treasury

## Health Savings Accounts (HSAs)

OMB No. 1545-0074 2021

Sequence No. 52

Attachment

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

► Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA beneficiary. If both spouses
PARUL DHAWAN	have HSAs, see instructions ► 870-83-4350

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021.			
2	See instructions	Sen	-only	E Family
3	If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3		7,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6		6,367.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7		
8	Add lines 6 and 7	8		6,367.
9	Employer contributions made to your HSAs for 2021 9 1,000.			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		1,000.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		5,367.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part		rate F	lSAs,	complete
	a separate Part II for each spouse.			
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were			
	withdrawn by the due date of your return. See instructions	14b		
с	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16		
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional</b>			
	<b>20% Tax</b> (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form			
	1040), Part II, line 17c	17b		
Part		ons b	efore	
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	arate	HSAs	,
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			
	1040), Part II, line 17d	21		

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

Form	8867	Paid Preparer's Due D	Opportunity Tax Credit (AOTC).		OMB	No. 1545	-0074
(Rev. De	Rev. December 2021) Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status						
	Department of the Treasury To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.		Attach Seque	ment nce No.	70		
	Internal Revenue Service Go to www.irs.gov/Form8867 for instructions and the latest information. Taxpayer name(s) shown on return Taxpayer identific						
		PARUL DHAWAN		469-57-8			
	reparer's name and I			100 07 0			
SYA	M PRIYA RAM	I SAGAR GUPTA TALLAM		P0208270	3		
Part	Due Dili	gence Requirements					
		propriate box for the credit(s) and/or HOH filing s ned (check all that apply).	tatus claimed on the return		e the rela AOTC		arts I–V HOH
1	Did you comp	lete the return based on information for the appli	cable tax year provided by	the taxpayer	Yes	No	N/A
	or reasonably	obtained by you? (See instructions if relying on pr	ior year earned income.)		X		
2	worksheets fo 1040) instruct worksheet(s) t	claimed on the return, did you complete the a und in the Form 1040, 1040-SR, 1040-NR, 1040 ions, and/or the AOTC worksheet found in the hat provides the same information, and all relate	-PR, 1040-SS, or Schedule Form 8863 instructions, o	8812 (Form or your own	X		
3	the following.	/ the knowledge requirement? To meet the know	0 1 1				
		taxpayer, ask questions, and contemporaneousl at the taxpayer is eligible to claim the credit(s) and		esponses to			
		mation to determine that the taxpayer is eligible o figure the amount(s) of any credit(s)			X		
4	information rea	nation provided by the taxpayer or a third pa asonably known to you, appear to be incorrect, ons 4a and 4b. If <b>"No,"</b> go to question 5.)		t? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, cor	nplete, and consistent inforr	nation? .			
b	you asked, wh	emporaneously document your inquiries? (Docur nom you asked, when you asked, the informatior d on your preparation of the return.)	that was provided, and the	e impact the			
5	keep a copy o applicable wor 8867 and any taxpayer that	y the record retention requirement? To meet the f your documentation referenced in question 4b, 'ksheet(s), a record of how, when, and from who applicable worksheet(s) was obtained, and a co you relied on to determine eligibility for the credi	a copy of this Form 8867, a m the information used to p ppy of any document(s) pro- t(s) and/or HOH filing status	copy of any repare Form vided by the s or to figure			
		of the credit(s)			X		
	List those doc	uments provided by the taxpayer, if any, that you	relied on:				
6	credit(s) and/c	e taxpayer whether he/she could provide docum or HOH filing status and the amount(s) of any c red for audit?	redit(s) claimed on the retu	Irn if his/her	×		
7		e taxpayer if any of these credits were disallowed			X		
-		e disallowed or reduced, go to question 7a; if					
а		ete the required recertification Form 8862?					
8	If the taxpayer	is reporting self-employment income, did you as	sk questions to prepare a c	omplete and			
Eer D.		ule C (Form 1040)?			Form <b>886</b>	<b>57</b> (Base	
FUI Pa	Per work Reduct	ion Act Notice, see separate instructions.	REV 04/01/22 PRO	I		I (nev.	12-2021)

Form 88	367 (Rev. 12-2021)			Page <b>2</b>		
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	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)?					
Part	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,		
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?					
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	X				
	statement to the return?	X				
Part		-	Part \	/.)		
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quature tuition and related expenses for the claimed AOTC?		Yes	No		
Part		s, go to	o Part	VI.)		
14						
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?					
Part	art VI Eligibility Certification					
	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 responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing 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 checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	ny 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 instri	uctions	under		
	1. A copy of this Form 8867.					
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.					
	<ol><li>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).</li></ol>	's eligib	ility for	the		
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>					
	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 of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and taxpayer's eligibility for the credit (s) and for HOH filing status and taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and taxpayer's eligibility for the credit (s) and for HOH filing status and taxpayer's eligibility for ta					
	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					
45	Device particulate all of the appropriate on this Form 2007 are to the best of your knowledge, true correspondence	•	Vac	No		

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?	×	
	REV 04/01/22 PRO Form 886	57 (Rev.	12-2021)

FORM

8879

## **2021** California e-file Signature Authorization for Individuals

Your name	Your SSN or IT	ΓΙΝ
MOHIT ARORA	469-57-8	3700
Spouse's/RDP's name	Spouse's/RDP	's SSN or ITIN
PARUL DHAWAN	870-83-4	350
Part I Tax Return Information (whole dollars only)		
1 California adjusted gross income (AGI). See instructions	1_	131,664.
2 Amount You Owe. See instructions		
3 Refund or No Amount Due. See instructions		4,981.

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic F

Taxpayer's	PIN:	check	one	box	only
------------	------	-------	-----	-----	------

ERO firm name	, I	Do r	not er	nter a	ll zer	05	1
AXES LLC to	to enter my PIN	7	8	7	0	0	

as my signature on my 2021 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. 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.

You	r signature 🕨	Date	▶_		
Spo	use's/RDP's PIN: check one box only				
X	l authorize GLOBAL TAXES LLC			to enter my PIN	3 4 3 5 0
	ERO firm name				Do not enter all zeros
	as my signature on my 2021 e-filed California individual income tax return.				
	I will enter my PIN as my signature on my 2021 e-filed California individual income tax r and your return is filed using the Practitioner PIN method. The ERO must complete Part III be		Chec	k this box <b>only</b> if you a	re entering your own PIN

Spouse's/RDP's signature 🕨	Date 🕨											
Practitioner PIN Method Returns Only	CO	ntinue	e belo	W								
Part III Certification and Authentication — Practitioner PIN Method Only												
<b>ERO's Electronic Filer Identification Number (EFIN)/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7	2 <b>Do no</b>	7 ot ente	8 er all	б zeros	1	9	8	9	
I certify that the above numeric entry is my PIN, which is my signature for the 2021 Califc confirm that I am submitting this return in accordance with the requirements of the Practi e-file Providers.												

ERO's signature 🕨	Date	04/09/2022

540

## 2021 California Resident Income Tax Return

		APE AT	TTACH	FEDERAL	RETURN
46 MOI PAI	HIT	-	1		
		L CLEAR CREEKCANYON DR MOND BAR CA 91765			
09	-1(	LO-1985 10-16-1987			
sidence	۲	Enter your county at time of filing (see instructions)  LOS ANGELES  If your address above is the same as your principal/physical residence address at the ti If not, enter below your principal/physical residence address at the time of filing.	ime of filing	j, check this boy	• <b>X</b>
Principal Residence	۲	Street address (number and street) (If foreign address, see instructions.)		Apt. no/ste	no.
Pri	۲	City		State	ZIP code
		If your California filing status is different from your federal filing status, check the box	x here		
itatus	1				ions.
Filing Status	2	2 × Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter ye	ear spouse/	/RDP died.	
Ľ	3		II name here	e.	
	6	6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here.	See inst	● 6	
Exemptions	Fo 7 8 9	<ul> <li>box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7</li> <li>8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2</li></ul>	2 X \$1	amount for that I 29 = •	ine. Whole dollars only 258
		175 3101214	REV 03/2	29/22 PRO FORM	n 540 2021 <b>Side 1</b>

You	ır nai	me: AROI	RA	Y	our SSN or	IT	IN: 469-57-8700			
	10	Dependents:	Do n	ot include yourself or your a Dependent 1	spouse/RDP.		Dependent 2		Dependent 3	
		First Name	۲	ALYANNA			ALYSSIA	] (		
suc		Last Name	۲	ARORA			ARORA	] •		
Exemptions		<b>SSN.</b> See instructions.	•	166044716			719393524	•		
ĒX		Dependent's relationship to you	۲	DAUGHTER			DAUGHTER			
	Tota	I dependent e	exem	otions				)0 = 0	• \$ 8	00
	11	Exemption	amou	Int: Add line 7 through line 1	0. Transfer tl	his	s amount to line 32	• 1	11 \$ 10	58
	12	State wages	fron	n your federal x 16	• 10		140943 .0	0		
									129831	.00
	13 14			isted gross income from fec nents – subtractions. Enter			0 or 1040-SR, line 11	13		
	15			lumn B			ult in parentheses.	14		
ome	16	See instruct	ions				·	15	129831	.00
Taxable Income	10						••••••••••••••••••••••••••••••••••••••	16	1833	.00
axabl	17	California ad	djuste	ed gross income. Combine li	ne 15 and lin	e .	16 ●	17	131664	. 00
Ta	18 19	Enter the larger of Subtract line If less than a	You • Sir • Ma If Ma e 18 t	r California <b>standard deduct</b> ngle or Married/RDP filing s arried/RDP filing jointly, Hea urried/RDP filing separately or th from line 17. This is your <b>ta</b> :	ion shown be eparately d of househo e box on line 6 cable income	elo Id Sis		06 18	9606	.00
	31	Tax. Check t	the b	Tax Tab	le	<	Tax Rate Schedule			
				• FTB 38			FTB 3803 •	31	5361	.00
Тах	32	•		s. Enter the amount from lir structions	•			32	1058	. 00
Ë	33	Subtract line	e 32 t	rom line 31. If less than zer	o, enter -0			33	4303	.00
	34	Tax. See ins	truct	ons. Check the box if from:	Sche	edi	ule G-1 • FTB 5870A •	34		.00
	35	Add line 33	and I	ine 34				35	4303	- 00
edits	40	Nonrefunda	ble C	hild and Dependent Care Ex	penses Credit	t. S	See instructions •	40		.00
Special Credits	43	Enter credit	nam		(	00	de  and amount	43		.00
Spec	44	Enter credit	nam	9		00	de  and amount	44		. 00
		Side 2 Form	n 540	2021 1	75	( • )	3102214		REV 03/29/22 PRO	

You	ır nar	me: ARORA Your SSN or ITIN: 469-57-8700	
Ś	45	To claim more than two credits. See instructions. Attach Schedule P (540) • 45	. 00
Credi	46	Nonrefundable Renter's Credit. See instructions	. 00
Special Credits	47	Add line 40 through line 46. These are your total credits	. 00
Sp	48	Subtract line 47 from line 35. If less than zero, enter -0	00
	64		. 00
S	61 62	Alternative Minimum Tax. Attach Schedule P (540)       61         Mental Health Services Tax. See instructions       62	.00
Other Taxes	62		
ther ]	63	Other taxes and credit recapture. See instructions	. 00
0	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions • 64	
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	03 00
	71	California income tax withheld. See instructions	34 .00
	72	2021 CA estimated tax and other payments. See instructions	. 00
	73	Withholding (Form 592-B and/or 593). See instructions	. 00
lents	74	Excess SDI (or VPDI) withheld. See instructions	. 00
Payments	75	Earned Income Tax Credit (EITC)	. 00
	76	Young Child Tax Credit (YCTC). See instructions	. 00
	77 78	Net Premium Assistance Subsidy (PAS). See instructions.       77         Add line 71 through line 77. These are your total payments.       78         See instructions       78	• 00 34 • 00
Use Tax	91	Use Tax. Do not leave blank. See instructions	
		If line 91 is zero, check if: X No use tax is owed. You paid your use tax obligation directly to CDTFA.	
ISR Penalty 56		If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage • × If you did not check the box, see instructions.	
۵ 		Individual Shared Responsibility (ISR) Penalty. See instructions • 92 00	
ax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 93	34 .00
Overpaid Tax/Tax Due	94 95	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	. 00 34 . 00
Overp	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92	. 00

Υοι	ur nai	me: ARORA Your SSN or ITIN: 469-57-8700	
x Due	97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	. 00
Overpaid Tax/Tax Due	98	Amount of line 97 you want applied to your <b>2022</b> estimated tax	. 00
paid T	99	Overpaid tax available this year. Subtract line 98 from line 97	. 00
Over	100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65 ( 100	. 00
		<u>Code</u> <u>Amount</u>	
		California Seniors Special Fund. See instructions	- 00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	. 00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	- 00
		California Breast Cancer Research Voluntary Tax Contribution Fund	- 00
		California Firefighters' Memorial Voluntary Tax Contribution Fund • 406	. 00
		Emergency Food for Families Voluntary Tax Contribution Fund	- 00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	. 00
		California Sea Otter Voluntary Tax Contribution Fund	. 00
		California Cancer Research Voluntary Tax Contribution Fund	. 00
ions		School Supplies for Homeless Children Voluntary Tax Contribution Fund	. 00
Contributions		State Parks Protection Fund/Parks Pass Purchase	- 00
Con		Protect Our Coast and Oceans Voluntary Tax Contribution Fund	- 00
		Keep Arts in Schools Voluntary Tax Contribution Fund	. 00
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	- 00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund • 438	. 00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund • 439	- 00
		Rape Kit Backlog Voluntary Tax Contribution Fund	- 00
		Schools Not Prisons Voluntary Tax Contribution Fund • 443	. 00
		Suicide Prevention Voluntary Tax Contribution Fund	- 00
		Mental Health Crisis Prevention Voluntary Tax Contribution Fund	. 00
		California Community and Neighborhood Tree Voluntary Tax Contribution Fund	- 00
	110	Add code 400 through code 446. This is your total contribution • 110	- 00

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Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposite into the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:         All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:            • Type         • Checking         • Account number         • 116 Direct deposit am         121000358         × Savings             The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:         • Type         • Checking         • Account number         • 117 Direct deposit am         • Savings          IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.           • 117 Direct deposit am         • Or privacy notice can be found in annual tax booklets or online. Go to fft.ca.gov/privacy to leam about our privacy policy statement, or go to fft.ca.gov/forms and         to locate FTB 1131 EN-SP, Franchise Tax Bead Privacy Metice on Collection. To request his notice by mail, call 80038.6005 and enter form code 948 Arien instruct         More signature or periory. I declare that 1 have examined this tax return, including account signature.             • Your signature           • Outprivacy notice can be found in annual tax booklets or online. Go to fft.ca.gov/privacy to leam about our privacy policy statement, or go to fft.ca.gov/formas and         to locate FTB 1131 EN-SP, Franc									
In the second process of the second	<b>cash.</b>								
114       Total amount due. See instructions. Enclose, but do not staple, any payment	. 00								
114       Total amount due. See instructions. Enclose, but do not staple, any payment	. 00								
Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001	. 00								
Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposite into the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:         All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:            • Type         • Checking         • Account number         • 116 Direct deposit am         121000358         x Savings             The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:         • Type         • Checking         • Account number         • 117 Direct deposit am         • Savings             IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.           • 117 Direct deposit am         • Savings             IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.           • 117 Direct deposit am         • 118 DN-SP, Franchise Tax Board Privacy Notice on Collection. To request his notice by mail, call 80038 doB and enter form code 948 when instruct         Under penatices of perjury. I decare that 1 have examined this tax return, including accounter yourage, signature (if a joint tax return, both m         Spouses/RD									
See instructions. Have you verified the routing and account numbers? Use whole dollars only.         All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:            • Type         • Checking         • Account number         • 116 Direct deposit am         • 121000358         × Savings             • The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:         • Type         • Checking         • Checking         • Account number         • 117 Direct deposit am         • The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:         • Type         • Routing number         • Type         • Checking         • Account number         • 117 Direct deposit am         • Type         • Checking         • Account number         • 117 Direct deposit am         • Type         • Checking         • Account number         • 117 Direct deposit am         • Type         • Checking         • Account number         • 117 Direct deposit am         • Type         • Checking         • Account number         • 117 Direct deposit am         • Type         • Checking         • Account number         • 117 Direct deposit am         • Direct deposit am         • Savings          IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.           • 117 Direct deposit am         • 117 Direct deposit         • 117 Direct deposit         • 117 Direct deposit         • Type         • Correct, and complete.         • Your signature         • Go toft, ac. gov/forws to be mail, address.         • Preferred phone         • Strue, correct, and complete.         • Your signature (declaration of preparer is based on all information of which preparer has any	981 .00								
Provide the set of the set o	sit slip.								
Provide the set of the set o	ount								
Provide the set of the set o	981 .00								
Routing number     Checking     Checking     Checking     Checking     Savings   IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.  Our privacy notice can be found in annual tax booklets or online. Go to <b>fib.ca.gov/privacy</b> to learn about our privacy policy statement, or go to <b>fib.ca.gov/forms</b> and to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0506 and enter form code <b>948</b> when instruct Under penalties of perjury. I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge is true, correct, and complete.  Your signature      Our email address. Enter only one email address.     Or Preferred phone     Stign Heree It is unlawful to forge a spouse's/ RDP's signature.      Our yours, if self-employed)     Firm's name (or yours, if self-employed)     Firm's address     Our yours, if self-employed     Our your your your your your your your yo									
Our privacy notice can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to learn about our privacy policy statement, or go to <b>ftb.ca.gov/forms</b> and to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code <b>948</b> when instruct Under penalties of perjury. I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledg is true, correct, and complete.         Your signature       Date       Spouse's/RDP's signature (if a joint tax return, both n         Sign       Preferred phone         Heree       Nour email address. Enter only one email address.         It is unlawful to forge a spouse's/ RDP's       Signature (declaration of preparer is based on all information of which preparer has any knowledge)         SYAM PRIYA RAM SAGAR GUPTA TALLAM       Firm's name (or yours, if self-employed)       PTIN         FDP's       GLOBAL TAXES LLC       P02         Firm's address       • Firm'	ount 00								
to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code <b>948</b> when instruct Under penalties of perjury. I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge is true, correct, and complete. Your signature Date Spouse's/RDP's signature (if a joint tax return, both n Over email address. Enter only one email address.									
Sign Here It is unlawful to forge a spouse's/ RDP's signature. It is unlawful to forge a spouse's/ RDP's signature. It is unlawful to forge a spouse's/ Firm's name (or yours, if self-employed) It is unlawful to forge a spouse's/ Firm's name (or yours, if self-employed) It is unlawful to forge a spouse's/ RDP's signature. It is unlawful to forge a spouse's/ It is unlawful to forge a spouse's/ RDP's signature. It is unlawful to forge a spouse's/ It is unlawful to forge a spouse's/ It is unlawful to forge a spouse's/ RDP's signature. It is unlawful to forge a spouse's/ It is unlawful to forge a spouse forge a s	ted.								
Sign       B1861960         Here       Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)         SYAM PRIYA RAM SAGAR GUPTA TALLAM       SYAM PRIYA RAM SAGAR GUPTA TALLAM         Firm's name (or yours, if self-employed)       ● PTIN         GLOBAL TAXES LLC       P02         Firm's address       ● Firm'	ust sign)								
Sign       81861960         Here       Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)         SYAM PRIYA RAM SAGAR GUPTA TALLAM       SYAM PRIYA RAM SAGAR GUPTA TALLAM         Firm's name (or yours, if self-employed)       • PTIN         GLOBAL TAXES LLC       • PO2         Firm's address       • Firm's	number								
Sign         Here         Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)         SYAM PRIYA RAM SAGAR GUPTA TALLAM         It is unlawful to forge a spouse's/ RDP's signature.         GLOBAL TAXES LLC         Firm's address									
It is unlawful to forge a spouse's/ RDP's signature. Firm's address SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Firm's address									
to forge a spouse's/ RDP's signature. Firm's address Firm's address									
RDP's signature.       GLOBAL TAXES LLC       P02         Firm's address       • Firm'									
Firm's address	082703								
	FEIN								
Joint tax return? (See 2530 PEBBLE CREEK LN CUMMING GA 30041 301	017196								
instructions) Do you want to allow another person to discuss this tax return with us? See instructions	)								
Print Third Party Designee's Name Telephone Number									

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CA (540)

## **2021 California Adjustments — Residents**

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return SSN or ITIN							
MOHIT ARORA & PARUL DHAWAN			469578700				
Part I         Income Adjustment Schedule           Section A – Income from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions				
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C1	140,943.	۲	• 1,833.				
2 Taxable interest. a • 2b	• 34.	۲	$\odot$				
3 Ordinary dividends. See instructions. a ● 3b	۲	۲	۲				
4 IRA distributions.     See instructions.     a     •   4b	$\odot$	۲	۲				
<ul> <li>5 Pensions and annuities. See instructions.</li> <li>a •5b</li> </ul>	۲	۲	۲				
6 Social security benefits. a • 6b	۲	۲					
7 Capital gain or (loss). See instructions	$\odot$	$\odot$	$\odot$				
Section B – Additional Income from federal Schedule 1	(Form 1040)						
1 Taxable refunds, credits, or offsets of state and local income taxes	•	۲					
2a Alimony received. See instructions	•		•				
<b>3</b> Business income or (loss). See instructions <b>3</b>	۲	۲	•				
	۲	$\odot$	$\odot$				
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc	• -11,146.	۲	۲				
6 Farm income or (loss)6	۲	۲	۲				
	۲	$\odot$					
8 Other income: a Federal net operating loss8a	۲		۲				
<b>b</b> Gambling income	•	۲					
c Cancellation of debt 8c	۲		$\odot$				
d Foreign earned income exclusion from federal Form 2555	۲		۲				
e Taxable Health Savings Account distribution 8e	۲	۲					
f Alaska Permanent Fund dividends	۲						
<b>g</b> Jury duty pay8g	۲						
h Prizes and awards8h	۲						

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Sec	tion B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		Subtractions See instructions	<b>C</b> Additions See instructions
	i Activity not engaged in for profit income 8i	$oldsymbol{igodol}$				
	j Stock options					
	<ul> <li>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</li> </ul>	•			 	 
	I Olympic and Paralympic medals and USOC prize money	ullet				
	m IRC Section 951(a) inclusion 8m	۲		ullet		
	n IRC Section 951A(a) inclusion8n	۲		ullet		
	o IRC Section 461(I) excess business loss adjustment 80	۲				۲
	${\bf p}$ Taxable distributions from an ABLE account ${\bf 8p}$	$oldsymbol{igodol}$				
	<b>z</b> Other income. List type and amount.					
	• 8z	۲		ullet		۲
9	a Total other income. Add lines 8a through 8z. 9a	۲		ullet		 •
	<b>b1</b> Disaster loss deduction from form FTB 3805V . <b>9b1</b>			۲		
	<b>b2</b> NOL deduction from form FTB 3805V 9b2			۲		 
	<b>b3</b> NOL from form FTB 3805Z, 3807, or 3809 <b>9b3</b>			ullet		
	b4 Student loan discharged due to closure of a for-profit school			$\odot$		
	Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions.	•	129,831.			• 1,833.
	t <b>ion C – Adjustments to Income</b> n federal Schedule 1 (Form 1040)					
	Educator expenses	۲		۲		
12	Certain business expenses of reservists, performing artists, and fee-basis government officials <b>12</b>	ullet		۲		۲
13	Health savings account deduction	$oldsymbol{igodol}$		۲		
14	Moving expenses. Attach form FTB 3913. See instructions	$   \mathbf{O} $				۲
15	Deductible part of self-employment tax. See instructions	$oldsymbol{igodol}$		۲		
16	Self-employed SEP, SIMPLE, and qualified plans16	$\odot$				
17	Self-employed health insurance deduction. See instructions	•		۲		

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Section C – Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> Additions See instructions
8 Penalty on early withdrawal of savings	s <b>18</b>			
<b>9 a</b> Alimony paid	19a			۲
<b>b</b> Recipient's: SSN •				
Last Name 🖲				
<b>)</b> IRA deduction			۲	۲
Student loan interest deduction				•
<b>2</b> Reserved for future use				
3 Archer MSA deduction				
4 Other adjustments: a Jury duty pay				
b Deductible expenses related to inco on line 8k from the rental of person engaged in for profit	al property		۲	۲
c Nontaxable amount of the value of ( Paralympic medals and USOC prize reported on line 81	money		۲	
d Reforestation amortization and exp	enses <b>24d</b>		$\odot$	
e Repayment of supplemental unemp benefits under the Trade Act of 197				
f Contributions to IRC Section 501(c) pension plans			$\bullet$	•
g Contributions by certain chaplains t IRC Section 403(b) plans				•
h Attorney fees and court costs for ac certain unlawful discrimination clair	ctions involving ms <b>24h</b> (			
i Attorney fees and court costs you pair with an award from the IRS for informa- that helped the IRS detect tax law viol	ation you provided	•	۲	
j Housing deduction from federal For	m 2555 <b>24j</b>		$\odot$	
k Excess deductions of IRC Section 6 from federal Schedule K-1 (Form 10			۲	
z Other adjustments. List type and an	nount.			
•	24z (		۲	۲
5 Total other adjustments. Add lines 24a 24z			۲	۲
6 Add line 11 through line 23 and line 2 columns A, B, and C. See instructions			۲	۲
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions		129,831.	$\odot$	• 1,83

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#### Part II Adjustments to Federal Itemized Deductions

Che	ck the box if you did NOT itemize for federal but will iten	nize	for Ca	alifornia •				
			A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions	C	Additions See instructions
Me	dical and Dental Expenses See instructions.			(				
1	Medical and dental expenses •	1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 (•) 129,831.	2						
3	Multiply line 2 by 7.5% (0.075) • 9,737.	3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	.4					۲	0.
	es You Paid a State and local income tax or general sales taxes.	.5a	۲	11,083.	۲	11,083.		
	<b>b</b> State and local real estate taxes	.5b	ullet					
	<b>c</b> State and local personal property taxes	.5c	ullet					
	<b>d</b> Add line 5a through line 5c	.5d	ullet	11,083.				
	<ul> <li>e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A.</li> <li>Enter the amount from line 5a, column B in line 5e, column B.</li> <li>Enter the difference from line 5d and line 5e,</li> </ul>			10,000		11 000	0	1 000
	column A in line 5e, column C	.5e	$\odot$	10,000.	ullet	11,083.	$\odot$	1,083.
6	Other taxes. List type •	6	ullet		ullet		۲	
7	Add line 5e and line 6	.7		10,000.	$   \mathbf{O} $	11,083.	ullet	1,083.
	rest You Paid a Home mortgage interest and points reported to you on federal Form 1098	.8a	۲				۲	
	<b>b</b> Home mortgage interest not reported to you on federal Form 1098	.8b	۲				۲	
	c Points not reported to you on federal Form 1098.	.8c	۲				۲	
	<b>d</b> Mortgage insurance premiums	.8d	۲		۲			
	e Add line 8a through line 8d	.8e	۲		۲		۲	
9	Investment interest	.9	۲		۲		۲	
10	Add line 8e and line 9	10	۲		۲		۲	



18       Total. Combine line 17 column A less column B plus column C	Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		Subtractions See instructions	C	Additions See instructions
11 Gifts by cash or check.       11 <ul> <li></li></ul>	Gif	ts to Charity						
13       Carryover from prior year.       13         14       Add line 11 through line 13       14         14       Add line 11 through line 13       14         15       Casualty and Thefl Losses       15         16       Casualty and Thefl Losses       16         17       Add lines 4, 7, 10, 14, 15, and 16 in columns A lass columns B jus columns C       11, 083.         18       Total. Combine line 17 column A less column B plus column C       18         20       Tax proparation fees       12         21       Dimer Lemized Defloctions       10, 000.         21       Dimer Lemized Defloctions       11, 083.         21       Dimer Lemized Defloctions       12         22       Dimer Lemized Defloctions       10, 000.         21       Dimer Lemized Defloctions       14         20       Tax proparation fees       12         21       Dimer Lemized Defloctions       129, 831.         22       Dimer Lemized Defloctions. Add line 18 and line 25       22         22       Dimer Lemized Defloctions. Add line 18 and line 25       225         23       Suptract Lemized Defloctions. Specify. (a)       (a) 212 9, 831.         24       Mutiply line 23 by 2% (0.02). If liss than zero, enter 0       (a) 2		-			۲			
14 Add line 11 through line 13	12	Other than by cash or check			۲			
Casualty and Theft Losses       0       0         15       Casualty or theft loss(s) (other than net qualified disaster losses). Attach tederal form 4684. See instructions	13	Carryover from prior year			۲			
15       Casually or thet loss(s) (other than net qualified disater loss(s). Attach televal Form 4684. See instructions	14	Add line 11 through line 1314	$oldsymbol{O}$		۲			
16       Other—from list in federal instructions		Casualty or theft loss(es) (other than net qualified disaster	•		•			
16       Other—from list in federal instructions								
columns A, B, and C.			$oldsymbol{igodol}$		۲			
18       Total. Combine line 17 column A less column B plus column C       18       0.         Job Expenses and Certain Miscellaneous Deductions       19       Unreimbursed employee expenses - job travel, union dues, job education, etc.         Attach federal Form 2106 if required. See instructions       20         20       Tax preparation fees.       20         21       Other expenses - investment, safe deposit box, etc. List type.       0.         22       0.       21       0.         23       Enter amount from federal Form 1040 or 1049 , 831.       0.       22         24       Multiply line 23 by 2% (0.02). If less than zero, enter 0.       0.       24       2,597.         25       Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.       0.       26       0.         27       Other adjustments. See instructions. Specify.       0       27       0.       28         26       combine line 26 and line 27.       0.       22       0.       21       2.         28       combine line 26 and line 27.       28       0.       28       0.       29       0.         29       solite the larger of the amount on line 28 to line 29.       Yes. Complete the lternized Deductions Worksheet in the instructions for Schedule CA (540), line 29.       0.       29	17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <b>17</b>		10,000.		11,083.	)	1,083.
Job Expenses and Certain Miscellaneous Deductions         19       Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions         20       Tax preparation fees.         21       Other expenses - investment, safe deposit box, etc. List type         22       O.         23       Enter amount from federal Form 1040 or 1040-SR, line 11       ① 129,831.         24       Multiply line 23 by 2% (0.02). If less than zero, enter 0       ② 24       2,597.         25       Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.       ③ 25       0.         26       Total Itemized Deductions. Add line 18 and line 25       ③ 26       0.         27       Other adjustments. See instructions. Specify. ④       ④ 27       ③         28       Correl adjustments. See instructions. Specify. ④       ④ 27       …       …         29       Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?       Single or married/RDP filing separately       Sit 8.437 Married/RDP filing separately       Sit 8.437 Married/RDP filing separately       Sit 8.437 Married/RDP filing separately. See instructions for Schedule CA (540), line 29       ① .         30       Enter the larger of the amount on line 28 to line 29.       Yes. Complete the themized Deductions Worksheet in the instructions for Schedule CA (540), line 29	18			C			8	0.
19       Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions       ● 19         20       Tax preparation fees       ● 20         21       Other expenses - investment, safe deposit box, etc. List type       ● 21       0.         22       Add line 19 through line 21       ●       ● 22       0.         23       Enter amount from federal Form 1040 or 1040-SR, line 11       ●       129,831.       ●       24       2,597.         24       Multiply line 23 by 2% (0.02). If less than zero, enter 0.       ●       25       0.         25       Subtract line 24 from line 22. If line 24 is more than line 25.       ●       26       0.         27       ●       ●       ●       ●       27         28       Contine adjustments. See instructions. Specify. ●       ●       ●       27         28       Combine line 26 and line 27.       ●       28       0.         29       Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?       Single or married/RDP filing gearately       Sil2,283         30       Is your federal AGI (Form 540, line 29.       Sil2,437       Sil2,437       Sil2,437         318       Add of household       Sil2,437       Sil2,437								
Attach federal Form 2106 if required. See instructions          () 19          20       Tax preparation fees.          () 20          21       Other expenses - investment, safe deposit box, etc. List type.          () 21         () 21         () 21         () 22         () 2         () 21         () 22         () 2         () 22         () 2         () 21         () 22         () 2         () 22         () 2         () 2         () 22         () 2	001							
21       Other expenses - investment, safe deposit box, etc. List type	19	Unreimbursed employee expenses - job travel, union due Attach federal Form 2106 if required. See instructions .	es, jo	bb education, etc.	9 19			
box, etc. List type.       •					20			
23       Enter amount from federal Form 1040 or 1040-SR, line 11	21	Other expenses - investment, safe deposit box, etc. List type			21	0.		
or 1040-SR, line 11 <ul> <li>129,831.</li> <li>Multiply line 23 by 2% (0.02). If less than zero, enter 0</li></ul>		-			22	0.		
25       Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.       ● 25       0.         26       Total Itemized Deductions. Add line 18 and line 25       ● 26       0.         27       Other adjustments. See instructions. Specify. ●       ● 27         28       Combine line 26 and line 27       ● 28       0.         29       Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?       Single or married/RDP filing separately       \$212,288         Head of household       \$318,437       Married/RDP filing jointly or qualifying widow(er)       \$424,581         No. Transfer the amount on line 28 to line 29.       Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29       0.         30       Enter the larger of the amount on line 29 or your standard deduction listed below       \$318,400         Single or married/RDP filing separately. See instructions       \$4,803         Married/RDP filing jointly, head of household, or qualifying widow(er)       \$9,606         Transfer the amount on line 30 to Form 540, line 18.       ● 30       9 , 606.         REV 03/29/22 PRO       ■       ■	23	Enter amount from federal Form 1040 or 1040-SR, line 11	1	29,831.				
26 Total Itemized Deductions. Add line 18 and line 25       ● 26       0.         27 Other adjustments. See instructions. Specify. ●       ● 27         28 Combine line 26 and line 27.       ● 28       0.         29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately       \$212,288         Head of household       \$318,437         Married/RDP filing jointly or qualifying widow(er)       \$424,581         No. Transfer the amount on line 28 to line 29.       Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29.       ● 29         30 Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions       \$4,803 Married/RDP filing jointly, head of household, or qualifying widow(er)       \$9,606         Transfer the amount on line 30 to Form 540, line 18.       ● 30       9 , 606.	24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24	2,597.		
<ul> <li>27 Other adjustments. See instructions. Specify. </li> <li>28 Combine line 26 and line 27.</li> <li>28 Combine line 26 and line 27.</li> <li>29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately</li> <li>212,288 Head of household</li> <li>227</li> <li>29</li> <li>29</li> <li>29</li> <li>29</li> <li>29</li> <li>29</li> <li>30 Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions</li> <li>24,803 Married/RDP filing jointly, head of household, or qualifying widow(er)</li> <li>29,606</li> <li>30</li> <li>29,606.</li> </ul>	25	Subtract line 24 from line 22. If line 24 is more than line	22,	enter O			ō	0.
<ul> <li>28 Combine line 26 and line 27</li></ul>	26	Total Itemized Deductions. Add line 18 and line 25					6	0.
<ul> <li>29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately</li></ul>	27	Other adjustments. See instructions. Specify.				• 2	7	
Single or married/RDP filing separately	28	Combine line 26 and line 27					B	0.
30 Enter the larger of the amount on line 29 or your standard deduction listed below         Single or married/RDP filing separately. See instructions         Married/RDP filing jointly, head of household, or qualifying widow(er)         Transfer the amount on line 30 to Form 540, line 18         REV 03/29/22 PRO	29	Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying widow(er)		·····	\$212,288 \$318,437	s?		
30 Enter the larger of the amount on line 29 or your standard deduction listed below         Single or married/RDP filing separately. See instructions         Married/RDP filing jointly, head of household, or qualifying widow(er)         Transfer the amount on line 30 to Form 540, line 18         REV 03/29/22 PRO		Yes. Complete the Itemized Deductions Worksheet in the	e ins	tructions for Schedule CA	A (540), line	29 <b>0</b> 29	9	0.
Single or married/RDP filing separately. See instructions       \$4,803         Married/RDP filing jointly, head of household, or qualifying widow(er)       \$9,606         Transfer the amount on line 30 to Form 540, line 18       9,606         REV 03/29/22 PRO       REV 03/29/22 PRO		•						
Transfer the amount on line 30 to Form 540, line 18.       9,606.         REV 03/29/22 PRO	30	Single or married/RDP filing separately. See instru	ctior	IS				
REV 03/29/22 PRO				· • · · ·		() રા	n	9.606
								,
		175		7735214		Schedule CA (5	40) 202	21 Side 5

# California Wage, IRA and Pension Adjustments Attach to return (after all other FTB forms)

2021

#### Name as Shown on Return MOHIT ARORA & PARUL DHAWAN

Social Security No. 469-57-8700

Т

#### Line 1 – Wages, Salaries, Tips, Etc.

		<b>(B)</b> Subtractions	<b>(C)</b> Additions
1	Excess reimbursements from Form 2106 included in wage income		
2	Active duty military pay		
3	Sick pay received under the Federal Insurance Contributions		
4	Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also)		
5	Exclusion for compensation from exercising a California Qualified Stock Option (CQSO).		
6	Ridesharing fringe benefit differences		
7	HSA employer contributions		1,833.
8	Paid Family Leave Insurance (PFL) benefits		
9	Employer-provided adoption benefits income exclusions		
10	In-Home Supportive Services (IHSS) supplementary payment		
11 12	Native American income (Form 3504)		
а	as smallest of amount spent or fair rental value		
b	Enter the amount spent on qual. housing expenses		
13	Excess moving reimbursements		
14	CA Employees and federal Independent Contractors income		
15 16	Employer-provided dependent care assistance exclusion Other (itemize):		
а			
b			
С			
d			
	Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1		1,833.

#### Line 4 - IRA, Pensions, and Annuities

IRA'	s	<b>(B)</b> Subtractions	<b>(C)</b> Additions
1 a b c	Other (itemize):		
d Pen:	Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4	(B) Subtractions	(C) Additions
1 2 a b	Form 1099-R, Railroad Retirement Benefits		
c d	Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5		