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)

Taxpay	er's name	Social security number
AYN	UR OLMEZ	825-66-1240
Spouse	's name	Spouse's social security number
Part	Tax Return Information – Tax Year Ending December 31, 2021 (Ente	r year you are authorizing.)
Enter	whole dollars only on lines 1 through 5.	
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1	Adjusted gross income	1 28,167.
2	Total tax	2 1,640.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 2,210.
4	Amount you want refunded to you	4 861.
5	Amount you owe	5

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

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	l authorize	GLOBAL TAXES LLC	to enter or generate my PIN
1.4	i ddiilon20		

6	1	2	4	0	
Ent don	er fiv i't er	ve di Iter a	gits, all ze	but ros	as

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

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

Spouse's sign	ature 🕨 🛛 Da	ate 🕨					 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		6 all ze	 9	8	9

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 🕨		
	ust Retain This Form — See Instructions his Form to the IRS Unless Requested To Do So			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 04/01/22 PRO	Form 8879 (Rev. 01-2021)	

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No. 15	45-0074	IRS U	se Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly unchecked the MFS box, enter the nison is a child but not your dependent	ame of	-	eparately ıse. If you	. ,				'		, 0	ow(er) (QW) ne qualifying
Your first name	and mi	ddle initial	Last na	me							Your so	cial securi	ty number
AYNUR			OLME	Z							825-	66-124	0
lf joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number
Home address 293 KNO		er and street). If you have a P.O. box, see E	instructio	ons.					Apt. no.		Check	here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces belo	ow.	Stat	te	ZIP o	ode				ntly, want \$3 Checking a
CLIFFSI	DE PA	ARK				NJ	J	07	01025	11		ow will not	•
Foreign country	y name		F	Foreign pro	ovince/state	count/	y	Fore	ign postal	code	your ta	x or refund	
At any time du	iring 20	021, did you receive, sell, exchange,	, or othe	rwise dis	pose of ar	ny fina	incial interes	st in any	v virtual	curre	ncy?	X Yes	No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you	were a c	lual-status	alien	_						
		Were born before January 2, 1	957	_ Are bli	nd S p	ouse	: 📋 Was b	born be	fore Jan		-	ls b	
Dependent					ocial securi number	ty	(3) Relatior to you					r (see instru	
If more	(1) F	irst name Last name				Child	I tax c	redit	Credit for ot	her dependents			
than four dependents,													
see instruction	s ——									\square			
and check here ►										\exists			
	1	Wages, salaries, tips, etc. Attach F	Form(s)	N-2							. 1		<u> </u>
Attach	2a		2a			 	 axable inter	 2et		•	. <u>1</u> 2t		20,170.
Sch. B if	3a	· -	3a				ordinary divid			•	3b		
required.	4a		4a				axable amo				. 4k	,	
	5a	Pensions and annuities	5a			b Ta	axable amo	unt.			. 5k	,	
Standard	6a	Social security benefits	6a			b Ta	axable amo	unt.			. 6t)	
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D if	ⁱ required	. If not rec	juired,	, check here				7		-3.
 Single or Married filing 	8	Other income from Schedule 1, lin	e 10								. 8		0.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is you	ur total in e	come					▶ 9		28,167.
 Married filing 	10	Adjustments to income from Sche	dule 1, l	ine 26							. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted g	ross inco	me	_.				► <u>11</u>		28,167.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	i ons (fron	n Schedul	e A)	[1	l2a	12	,55	0.		
Head of	b	Charitable contributions if you take	the star	ndard ded	uction (se	e instr	uctions)	2b		30	0.		
household, \$18,800	С	Add lines 12a and 12b									. 12	c	12,850.
 If you checked any box under 	13	Qualified business income deduct	ion from	Form 89	95 or For	n 899	5-A				. 13		
Standard	14												12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf ze	ero or less	, ente	r-0				. 15	5	15,317.

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

Form **1040** (2021)

Form 1040 (2021)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	1	1,640.
	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	1	1,640.
	19	Nonrefundable child tax cree	dit or credit for c	other depender	nts from Schedul	e8812		19		
	20	Amount from Schedule 3, lin	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	1	1,640.
	23	Other taxes, including self-e	1 5 7		,			23		0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	1	1,640.
	25	Federal income tax withheld	from:			1 1				
	а	Form(s) W-2					,210.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	,							
	d	Add lines 25a through 25c						25d	2	2,210.
If you have a	26	2021 estimated tax payment			37			26		
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a				
attach Sch. Elo.		Check here if you were b								
		January 2, 2004, and you taxpayers who are at least a								
	b	Nontaxable combat pay elec	-	1 1						
	С	Prior year (2019) earned inco								
	28	Refundable child tax credit or		L	Schedule 8812	28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Recovery rebate credit. See		-		30				
	31	Amount from Schedule 3, lir				31	291.			
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	lits 🕨	32		291.
	33	Add lines 25d, 26, and 32. T						33	-	2,501.
Refund	34	If line 33 is more than line 24						34		861.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	eck here		35a		861.
Direct deposit?	►b	Routing number 0 1 1	0 0 0 1	3 8	► c Type: 🛛	Checking	Savings			
See instructions.	►d	Account number 4 6 6	0 0 6 0	6 9 1 !	5 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	ins	structions				. 🕨 🗌 Yes. Co	omplete k	elow.	X No	
		signee's me ►		Phone			onal identif ber (PIN) 🖡			
0.			hat I have evening	no. ►			. ,		h of my line	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	IRS sen	t you an Ic	lentity
							Prote	ection Pl	N, enter it	
Joint return?					IMPORT AN	ALYST		inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupa	tion			t your spo	use an enter it here
your records.	,							inst.) 🕨		
	Pho	one no. (978)395-978	7	Email address						
		eparer's name	/ Preparer's signat			Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПЪТА ТАТ.Т.АМ		P02082	2703		employed
Preparer		n's name ► GLOBAL TA								5-9522
Use Only		m's address ► 2530 Pebb		n Cummin	a GA 30041			's EIN ►		017196
Go to www.irc.or		1040 for instructions and the late			-		1			1040 (2021)
GO 10 W WW.115.90		in orror for manualions and the late	scinomation.		BAA	REV 04/01/22 PRO			FUIII	

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 20 21 Attachment Sequence No. **01**

Internal Revenue Service	Sequence No. 01		
Name(s) shown on Fo	Your soc	al security number	
AYNUR OLMEZ		825-66	-1240
Part I Additio	onal Income		

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	0.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	the rental for profit but were not in the business of renting such			
		8k	_	
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m	_	
n	Section 951A(a) inclusion (see instructions)	8n	_	
0	Section 461(I) excess business loss adjustment	80	_	
р	Taxable distributions from an ABLE account (see instructions) .	8p	_	
z	Other income. List type and amount ►	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	0.

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

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 24b			
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k			
z	Other adjustments. List type and amount ► 24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 04/01/22 PRO

Additional Credits and Payments

OMB No. 1545-0074 20 21

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

	wartment of the Treasury rnal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information.					Attachment Sequence No. 03
		rm 1040, 1040-SR, or 1040-NR			cial s	security number
Par	UR OLMEZ	fundable Credits		825-6	6-1	240
1		credit. Attach Form 1116 if required			1	
2	0	credit. Attach Form 1116 in required		F	-	
2	Form 2441				2	
3	Education c	redits from Form 8863, line 19		[3	
4	Retirement	savings contributions credit. Attach Form 8880		[4	
5	Residential	energy credits. Attach Form 5695		[5	
6	Other nonre	fundable credits:		Ī		
а	General bus	siness credit. Attach Form 3800	6a			
b	Credit for p	ior year minimum tax. Attach Form 8801	6b			
С	Adoption cr	edit. Attach Form 8839.............	6c			
d	Credit for th	e elderly or disabled. Attach Schedule R	6d			
е	Alternative r	notor vehicle credit. Attach Form 8910	6e			
f	Qualified plu	ug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage ir	terest credit. Attach Form 8396	6g			
h	District of C	olumbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i			
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k			
Т	Amount on	Form 8978, line 14. See instructions	61			
z	Other nonret	undable credits. List type and amount ▶				
			6z			
7		nonrefundable credits. Add lines 6a through 6z		F	7	
8	Add lines 1 line 20	through 5 and 7. Enter here and on Form 1040, 1040	-SR, or 104	U-NR,	8	
				· · · [(co	-	ued on page 2)
For Pa	perwork Reduct	ion Act Notice, see your tax return instructions.	REV 04/01/22	· · ·		ule 3 (Form 1040) 2021

Schedule 3 (Form 1040) 2021

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	291.
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
z	Other payments or refundable credits. List type and amount	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	291.
	BAA REV	04/01/22 PRO	Schedule	3 (Form 1040) 2021

SCHE	DULE	С
(Form	1040)	

Department of the Treasury

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074 6 \bigcirc

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

Attachment Internal Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Sequence No. 09 Name of proprietor Social security number (SSN) 825-66-1240 AYNUR OLMEZ Α Principal business or profession, including product or service (see instructions) B Enter code from instructions ▶ 4 8 5 3 0 0 UBER С Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) UBER SERVICES Business address (including suite or room no.) ► 293 KNOX AVE Е City, town or post office, state, and ZIP code CLIFFSIDE PARK, NJ 07010-2511 E Accounting method: (1) 🗙 Cash (2) Accrual (3) Other (specify) ► G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . X Yes No н If you started or acquired this business during 2021, check here Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes X No L. .1 Yes No Part I Income 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 7,659. Form W-2 and the "Statutory employee" box on that form was checked 1 2 2 7,659. 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 5 5 7,659. 6 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . 7,659. 7 7 Gross income. Add lines 5 and 6 **Part II** Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 8 18 Office expense (see instructions) . 18 19 19 Pension and profit-sharing plans . 9 Car and truck expenses (see 9 20 instructions) Rent or lease (see instructions): Commissions and fees . 10 10 Vehicles, machinery, and equipment а 20a 11 Contract labor (see instructions) 11 b Other business property . . . 20b 12 Depletion 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 24 13 Travel and meals: instructions) . . . 1,240. а Travel. . . . 24a 14 Employee benefit programs (other than on line 19) 14 b Deductible meals (see 15 Insurance (other than health) 15 instructions) 24b 2,400. 25 1,140. 25 16 Interest (see instructions): Utilities Mortgage (paid to banks, etc.) 16a 26 Wages (less employment credits) 26 а 840. 2,039. 16b 27a b Other Other expenses (from line 48) . . 27a 17 Legal and professional services 17 b Reserved for future use . . 27b 7,659. 28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a 28 29 29 0. 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 0. • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule 32a X All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not at risk. • If you checked 32b, you must attach Form 6198. Your loss may be limited.

REV 04/01/22 PRO

Schedu	e C (Form 1040) 2021			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attr	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	ry?	. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your	vehicle	e for:	
а	Business b Commuting (see instructions) c C	Other		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	No No
b			· · Ves	No No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or lin	e 30		
ST	ATIONERY EXPENSES			1,100.
BA	CK OFFICE EXPENSES			939.
48	Total other expenses. Enter here and on line 27a	48		2,039.

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2021 Attachment Sequence No. 12

Name(s) shown on return AYNUR OLMEZ

Department of the Treasury

Internal Revenue Service (99)

Your social security number 825-66-1240

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	31.	34.			-3.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	13.	13.			0.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		,		5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	()
7	 Worksheet in the instructions 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 					-3.

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

This farms may be assigned a fear to the Proce		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12 13						
	 4 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions 				13 14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	

Part III

16

17

18

e D (Form 1040) 2021		Page 2
III Summary		
Combine lines 7 and 15 and enter the result	16	-3.
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
Are lines 15 and 16 both gains?		
 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 		
If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the	18	
amount, if any, from line 7 of that worksheet	10	

19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see	
	instructions), enter the amount, if any, from line 18 of that worksheet	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952?	

Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions
for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.

□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:

	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 (3.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 04/01/22 PRO

Schedule D (Form 1040) 2021

19

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

12

Attachment

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8949 for instructions and the latest information.

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

Social security number or taxpaver identification number

Name(s) snown on return	Social security number or taxpayer identification
AYNUR OLMEZ	825-66-1240

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property		Date sold or	(d) Proceeds	(d) Cost or other basis. See the Note below See the			(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Crypto LLC	10/05/21	12/24/21	11.	14.			-3.
Robinhood Securities LLC	09/05/21	12/25/21	20.	20.			0.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	31.	34.			-3.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

(0

Attachment

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

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

2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
AYNUR OLMEZ	825-66-1240

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or		(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	10/05/21	12/24/21	13.	13.			0.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	lude on your 1e 2 (if Box B	13.	13.			0.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form 8962	
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Premium Tax Credit (PTC)

OMB No. 1545-0074

Form USUL			Freinium Tax Creuit (FTC)							
	ment of the Treas			o Form 1040, 1040-S m8962 for instruction		rmation.		Attachment Sequence No. 73		
Name	shown on your re	eturn			Your soci	al security number				
AYN	UR OLMEZ				825-6	56-1240				
Α.				ere approved to receive,		,	•	° ° –		
В.	You cannot ta	ke the PTC if your filing	status is married filing s	eparately unless you qua	lify for an exception. See	instructions. If you qu	ualify,	check the box 🕨 🗌		
Par	t Annu	al and Monthly	Contribution An	nount			-			
1				ions			1	1		
2a	,	,	ed AGI. See instruction		1 1	28,167.		-		
b	Enter the tot	2072077								
3		, ,	ounts on lines 2a and 2		2b		3	28,167.		
				ount from Table 1-1, 1		F		2071071		
4				Alaska b H		8 states and DC	4	12,760.		
5				ne (see instructions)		t t	5	220 %		
6		•		, , , , , , , , , , , , , , , , , , ,		t	<u> </u>	220 70		
7				our "applicable figure"			7	0.0280		
						f	-	0.0200		
8a		ution amount. Multiply li o nearest whole dollar a			hly contribution amount 2. Round to nearest who		8b	66.		
Par				nciliation of Adv						
9				er or do you want to us						
9				V, Alternative Calculation						
10				l or must complete line	-	- NO. Continue to	line	10.		
10			,	TC. Then skip lines 12	•	No Continue t	o lin	es 12–23. Compute		
		tinue to line 24.			_			d continue to line 24.		
C	Annual alculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium credit allowed (smaller of (a) or (d	F	(f) Annual advance bayment of PTC (Form(s) 1095-A, line 33C)		
11	Annual Totals									
	Monthly alculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21–32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium credit allowed (smaller of (a) or (d	F	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)		
12	January	325.	337.	66.	271.	271		0.		
13	February	325.	337.	66.	271.	271		0.		
14	March	325.	337.	66.	271.	271		0.		
15	April	329.	337.	66.	271.	271		329.		
16	Мау	329.	337.	66.	271.	271		329.		
17	June	329.	337.	66.	271.	271		329.		
18	July	329.	337.	66.	271.	271		329.		
19	August	329.	337.	66.	271.	271		329.		
20	September	329.	337.	66.	271.	271		329.		
21	October	329.	337.	66.	271.	271		329.		
22	November	329.						329.		
23	December	329. 337. 66. 271. 271						329.		
24	Total premiu	m tax credit. Enter t	n tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here							
25	-			11(f) or add lines 12(f)	-	F	25	3,252. 2,961.		
26	Net premium on Schedule leave this lin	n tax credit. If line 24 3 (Form 1040), line e blank and continue	l is greater than line 2 9. If line 24 equals line to line 27	5, subtract line 25 from ne 25, enter -0 Stop	n line 24. Enter the dif here. If line 25 is grea	erence here and ater than line 24,	26	291.		

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2		
	(Form 1040), line 2	29	

REV 04/01/22 PR

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

Form	8962	(2021)	
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Allocation of Policy Amounts Part IV Complete the following information for up to four policy amount allocations. See instructions for allocation details. Allocation 1 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 30 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts Allocation 2 (d) Allocation stop month (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month 31 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 3 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 32 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 4 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 33 Allocation percentage (g) Advance Payment of the PTC (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts 34 Have you completed all policy amount allocations? Sec. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and nonallocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on

No. See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24.

35	Alternative entries for your SSN	(a)	Alternative family size		Alternative monthly tribution amount	(c)	Alternative start month	(d)	Alternative stop month
36	Alternative entries for your spouse's SSN	(a)	Alternative family size		Alternative monthly atribution amount	(c)	Alternative start month	(d)	Alternative stop month
	DEV/04/01/00 DD Earm 8062 (000								

REV 04/01/22 PR

Form **8962** (2021)

Additional information from your 2021 Federal Tax Return

Schedule C (UBER): Profit or Loss from Business

Line 25	Itemization Statement		
Description	Amount		
MOBILE(12*\$55 P.M)	660.		
INTERNET(12*40 P.M)	480.		
Total	1,140.		

Schedule C (UBER): Profit or Loss from Business Ln 16b: Other Interest

Description	Amount
GAS(12*\$70 P.M)	840.
Total	840.

Itemization Statement



Gubernatorial	Do you want to designate \$1 of your taxes for this fund? If joint	Yes	No
Elections Fund	return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No





Page 2



Name(s) as shown on Form NJ-1040NR OLMEZ AYNUR

Your Social Security Number 825661240

1555

Filing Status (Check only ONE box)

1. X 2.	Single Married/CU Couple, filing joint return						
3.	Married/CU Partner, filing separate return						
4.	Head of Household		Name and SSN of Spouse/CU Partner				
5.	Qualifying Widow(er)/Surviving CU Partner						
Exemptions							
6. Regular	S	Self	Spouse/CU Partner	Domestic	; (5.	1
7. Age 65 or	r over Se	Self	Spouse/CU Partner	Partner	2	7.	

		Sen	Spouse co runner	<i>,</i> .			
8	. Blind or Disabled	Self	Spouse/CU Partner	8.			
9	. Veteran Exemption	Self	Spouse/CU Partner				9.
1	0. Number of your qualified dependent children					10.	
1	1. Number of other dependents					11.	
1	2. Dependents attending colleges (See Instructions)			12.			
1	 For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Ac For line 13c – Enter amount from line 9. 	ld lines 10 and 11.		13a.	1	13b.	13c.

Dependent Information

14. Deper	ndent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a.			
b.			
с.			
d.			

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15.	Wages, salaries, tips, and other employee compensation	15.	28170		15.	5625	
	Check box if you completed lines 68 through 74					0010	
16.	Interest	16.			16.		
17.	Dividends	17.			17.		•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	0		18.	0	
19.	Net gains or income from disposition of property (From line 65)	19.	0	•	19.	0	•
20.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.			20.		
21.	Net gambling winnings (See Instructions)	21.		•	21.		•
22.	Taxable pensions, annuities, and IRA distributions/withdrawals	22.		•			
23.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.		•	23.		•
24.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.		•	24.		•
25.	Alimony and separate maintenance payments received	25.		•			
26.	Other – State Nature and Source	26.		•	26.		•
27.	TOTAL INCOME (Add lines 15 through 26)	27.	28170	•	27.	5625	•
28a.	Pension/Retirement Exclusion (See Instructions)	28a.		•			
28b.	Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.		•	28b.		•
28c.	Total Exclusion Amount (Add line 28a and line 28b)	28c.		•	28c.		•
29.	Gross Income (Subtract line 28c from line 27)	29.	28170	•	29.	5625	•
30.	Total Exemption Amount (See Instructions)	30.	1000				
31.	Medical Expenses (See Worksheet and Instructions)	31.	121	•			
32.	Alimony and separate maintenance payments	32.		•			
33.	Qualified Conservation Contribution	33.		•			
34.	Health Enterprise Zone Deduction	34.		•			
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	•			





Name(s) as shown on Form NJ-1040NR OLMEZ AYNUR

1555

Your Social Security Number 825661240

Organ/Bone Marrow Donation Deduction (See instructions) 36 36. 1121 37. Total Exemptions and Deductions (Add lines 30 through 36) 37. . 27049 38. Taxable Income (Subtract line 37 from line 29, column A) 38. . 39. Tax on amount on line 38 (From Tax Table page 34) 39 403 . B. (line 29) / A. (line 29) = 19.97%40. Income Percentage New Jersey Tax (Multiply amount from line 39 by income percentage from line 40) 41. 80 41. 42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions) 42. Gold Star Family Counseling Credit (See Instructions) 43. 43. 44. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 44 45 Total Credits (Add lines 42, 43, and 44) 45 Balance of Tax After Credits (Subtract line 45 from line 41) 80 46. 46. Penalty for Underpayment of Estimated Tax. 47 47. Check box if Form NJ-2210NR is enclosed 80 48. Total Tax and Penalty (Add line 46 and line 47) 48 49. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year, see instr) 49 137 Also enter on line 50: New Jersey Estimated Tax Payments/Credit from 2020 return 50. 50. Payments made in connection with sale of NJ real property Tax paid on your behalf by Partnership(s) 51. 51. • Payments by S corporation for 52. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450) 52. nonresident shareholder Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450) 53. 53. 54. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450) 54 Pass-Through Business Alternative Income Tax Credit (See instructions) 55 55 137 Total Payments/Credits (Add lines 49 through 55) 56. 56. 57 If line 56 is less than line 48, you have tax due. Subtract line 56 from line 48 and enter the amount you owe 57. 57 58. If line 56 is more than line 48, you have an overpayment. Subtract line 48 from line 56 and enter the overpayment 58. . 59. Amount from line 58 you want to credit to your 2022 tax 59 Amount you want to credit to: 60. (A) N.J. Endangered Wildlife Fund 60A NOTE (B) N.J. Children's Trust Fund 60B. An entry on lines 59 through 60F will . reduce your tax refund (C) N.J. Vietnam Veterans' Memorial Fund 60C. (D) N.J. Breast Cancer Research Fund 60D. (E) U.S.S. N.J. Educational Museum Fund 60E. (F) Designated Contribution Code 60F Total Adjustments to Tax Due/ Overpayment (Add lines 59 through 60F) 61. 61. 62 62. Balance due (If line 57 is more than zero, add line 57 and 61) 63. Refund amount (If line 58 is more than zero, subtract line 61 from line 58) 63. 57 .

Under penalties of perjury, I declare that I have of my knowledge and belief, it is true, correct, and information of which the preparer has any knowledge	Pay amount on line 62 in full. Write Social Security number(s) on check or money order a make payable to:				
>		> Spouse's/C	U Partner's Signature (if filir	ng jointly, BOTH must sign)	State of New Jersey - TGI Division of Taxation Revenue Processing Center PO Box 244 Trenton, NJ 08646-0244
Paid Preparer's Signature			Federal Identification	Number	
SYAM PRIYA RAM SAG	AR GUPTA	TALLAM	P0208 Firm's Federal Emplo	2703 oyer Identification Number	You can also make a payment on our website: nj.gov/taxation
GLOBAL TAXES LLC			30-10	17196	
					REV 03/29/22 PRO
Division Use: 1 2	3	4	5	6	7 8

Division Use: 1

NJ-1040NR	(2021)	Page 4
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							NJ	-1040NR (2021) Pag	e 4
Name(s) as show	vn on Form NJ-1040NR						Your	Social Security Num	ber
OLMEZ AYN	UR					8	3256	61240	
Part I	Net Gains or Income Fron Disposition of Property	dispo		income, less net lo ty including real or D.					orted
(a) Kind of	property and description	(b) Date aquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales p	rice basi (see	Cost or othes s as adjusted instruction xpense of s	ed is)	(f) Gain or (los: (d less e)	s)
64. Robinho	ood Crypto L	10/05/2021	12/24/2021	11		14		-3	
Robinhood	Securiti	09/05/2021	12/25/2021	20		20		0	
Robinhood	Securiti	10/05/2021	12/24/2021	13		13		0	
65. Capital Ga	ins Distribution						65.		
	Gains					H	66.		
	(Add lines 64, 65, and 66) (E					H	67.	0	
Part II	Allocation of Wage and Sa Income Earned Partly Insi Outside New Jersey			f compensation de her basis of allocati		ly on volum	ne of b	ousiness	
68. Amount rep	ported on line 15 in column A	required to be a	allocated				68.		
69. Total days	in taxable year						69.	I	
70. Deduct nor	nworking days (Sundays, Sat	urdays, holidays	s, sick leave, va	cation, etc.)			70.		
71. Total days	worked in taxable year (subtr	act line 70 from	line 69)				71.		
72. Deduct day	vs worked outside New Jerse	y					72.		
73. Days work	ed in New Jersey (subtract lir	ne 72 from line 7	'1)			[73.		
74. Allocation	Formula	x(Ent	er amount from	= line 68) (Salary	/ earned insi			e this amount on , col. B)	
Part III	Allocation of Business Income to New Jersey	(S	ee instructions i	f other than Formu	la Basis of a	llocation is	used.)	
Business Alloc	ation Percentage (From Sche	edule NJ-NR-A)							
	e line number and amount of entage to determine amount				A that is req	uired to be	alloca	ited and multiply b	у
Fron	n Line No \$. x	% = \$					
Fron	1 Line No \$. x	% = \$					
Fron	n Line No \$. x	% = \$					

	e(s) as shown on Form NJ-1040NR EZ, AYNUR								Social Security Nu 825-66-124	
	Schedule NJ-BUS-1 (Form NJ-1040NR)			y Gross Income S				le	2021	<u> </u>
Pa	art Net Profits From Busine	ess		List the net	profit ((loss)	from busir	iess(es). S	See Instructions.	
	Business Name			Security Nun ederal EIN	nber/			Profit or	(Loss)	
1.	UBER SERVICES		825661	240					-2,400.	
2.										
3. 4.	Net Profit or (Loss). (Add lines 1, 2, and line 18, column A. If loss, enter zero on I			on	4.				2 400	
Pa	Net Gains or Income From Rents, Royalties, Patents, and Copyright		List th form Type	of rents, roya of Property:	or net alties,	paten –Roya	its, and co alties 3–F	pyrights. S	-2,400. rived from or in th See instructions. -Copyrights	ne
	Source of Income or Loss. If rental real enter physical address of property	,		ecurity Num deral EIN	ber/	num	e – Enter Iber from t above	Inc	come or (Loss)	_
1.										
2. 3.										
4.	Net Income or (Loss). (Add lines 1, 2, ar (Enter here and on line 20, column A. If l		er zero on	line 20, colu	mn A.))	4.			
Ра	ITT III Distributive Share of Pa	artners	hip Inco	me			distributiv artnership(income (loss) structions.	
	Partnership Name	Fed	eral EIN	Share of F Income			Share of on your b Partne	ehalf by	Share of Pass Through Busine Alternative Inco Tax	ess
1.										
2.										
3. 4.	Distributive Share of Partnership Income or (I (Add lines 1, 2, and 3.) (Enter here and on lin If loss, enter zero on line 23, column A.)		ımn A.							
5.	Total Share of tax paid on your behalf by Part 2, and 3.) Enter total here and include on line		(Add lines 1							
6.	Total Share of Pass-Through Business Altern lines 1, 2, and 3.) (Enter here and include on		ome Tax (Add	t						
Pa	art IV Net Pro Rata Share of	S Corp	ooration	Income					come (usable See instructions	i.
	S Corporation Name	Fe	deral EIN				Corporation Loss)		Pass-Through Busi native Income Tax	
1. 2.										$\left \right $
2. 3.										$\left - \right $
4.	Net Pro Rata Share of S Corporation Income (Add lines 1, 2, and 3.) (Enter here and on lin If loss, enter zero on line 24, column A.)		umn A.	4.						
5.	Total Share of Pass-Through Business Alterna (Add lines 1, 2, and 3.) (Enter here and include			5.			' 			

Name(s) as shown on Form NJ-1040NR	Social Security Number
OLMEZ, AYNUR	825-66-1240

Schedule NJ-BUS-2

(Form NJ-1040NR)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2021

			Column A			Column B	
Par	t I Income (Loss)		Reportable Regular Business Income			Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.		1b.	-2,400.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2	2b.	0.	
3.	Distributive Share of Partnership Income	3a.	0.	:	3b.	0.	
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4	4b.	0.	
5.	Loss Carryforward From Tax Year 2020			Ę	5b.	()
6.	Totals	6a.	0.	6	6b.	-2,400.	
Par	t II Adjustment Calculation						
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.				
9.	Business Increment (Subtract line 8 from line 7)	9.	0.				
10.	Adjustment Percentage	10.	C	0.50			
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.				
Par	t III Loss Carryforward to Tax Year 202	2					
12.	Loss Carryforward to Tax Year 2022				12.	(2,400.)

Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2020 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2021 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.



Form M-8453 Individual Income Tax Declaration for Electronic Filing

Massachusetts Department of

Revenue

Please print or type. Privacy Act Notice availa	able upon reque	est. For the year Janua	ary 1–December	31, 2021.	
Your first name and initial	Last name		Your Social S	ecurity number	
AYNUR OLMEZ			8256612	240	
If a joint return, spouse's first name and initial	Last name		Spouse's Soc	cial Security number	
Present street address (and apartment number)					
293 KNOX AVE					
City/Town/Post Office	State	Zip	Filing status:	X Single	Married filing jointly
CLIFFSIDE PARK	NJ	070102511		□ Married filing separately	Head of household

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)1	28170
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	1086
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) 3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	1104
5 Refund amount (from Form 1, line 52, or Form 1-NR/PY, line 56) 5	18
6 Tax due (from Form 1, line 53, or Form 1-NR/PY, line 57)	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2021 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signatureDateSpouse's signature (if joint return, **both** must sign)Date

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN		Date	EIN	Check if
		04132022	301017196	self-employed
Firm name (or yours, if self-employed) ar	nd address	City/Town	State Zip	Check if also
GLOBAL TAXES LLC	2530 PEBBLE CREE	K LN CUMMING	GA 30041	paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN		Date		EIN		Check if
	P02082703	04132022		301017196		self-employed
Firm name (or yours, if self-employed) and a	ddress		City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CR		K LN	CUMMING	GA	30041	



2021 Form 1 MA21001011555 Massachusetts Resident Inco FOR FULL YEAR RESIDENTS ONLY For the year January 1–December 31, 2021 or other Year beginning				
AYNUR	OLMEZ	82566	1240	
293 KNOX AVE		CLIFFSIDE	PARK	NJ 070102511
Fill in if:Amended returnState Election Campaign Fund:Fill in if veteran of Operations EnduringFill in if name changeTaxpayer deceasedFill in if under age 18a. Total federal incomeb. Federal adjusted gross income1. Filing status (select one only)	2816 2816	e Eagle or Sinai Peninsula 7 7	You You You	\$1 Spouse TOTAL Spouse Spouse Spouse todial parent thedule TDS thedule FCI g crypto currency
c. Age 65 or over before 2022 d. Blindness e. Medical/dental f. Adoption	not include yourself or your spo You + Spouse = You + Spouse = 2a through 2f. Enter here and o jury, I declare that to the best Date	on line 18	$2a$ $\times \$1,000 = 2b$ $\times \$700 = 2c$ $\times \$2,200 = 2d$ $2e$ $2f$ $2g$ nis return and enclosures are tripate 978 - 39	
	PRIVACY ACT	NOTICE AVAILABLE UPON REC		

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

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2021 Form 1, pg. 2 MA21001021555

Massachusetts Resident Income Tax Return 825661240

3.	Wages, salaries, tips		3	28170
4.	Taxable pensions and annuities		4	
5.	Mass. bank interest: a.	 b. exemption 	= 5	
6a.	Business/profession income/loss		6a	
6b.	Farming income/loss		6b	
7.	Rental, royalty and REMIC, partnership, S corp.,	trust income/loss	7	
8a.	Unemployment		8a	
8b.	Mass. lottery winnings		8b	
9.	Other income from Schedule X, line 6		9	
10.	TOTAL 5.0% INCOME		10	28170
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. o	r Mass. Retirement	11a	460
11b.	Amount your spouse paid to Soc. Sec., Medicare	e, R.R., U.S. or Mass. Retirement	11b	
12.	Reserved for future use		12	
13.	Reserved for future use		13	
14.	Rental deduction. a.		÷ 2 = 14	
15.	Other deductions from Schedule Y, line 19		15	
16.	Total deductions. Add lines 11 through 15		16	460
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract	line 16 from line 10. Not less than "0"	17	27710
18.	Exemption amount		18	4400
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract	line 18 from line 17 Not less than "0"	19	23310
20.	INTEREST AND DIVIDEND INCOME		20	20010
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 a	and 20	20	23310
21.			21	20010

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

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2021 Form 1, pg. 3 MA21001031555

Massachusetts Resident Income Tax Return 825661240

22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the		
	amount in Schedule D, line 21 by .0585	22	1166
23.	12% INCOME. Not less than "0." a.	× .12 = 23	
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	24	
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24		
25.	Credit recapture amount (from Credit Recapture Schedule)	25	
26.	Additional tax on installment sale	26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28		
28.	TOTAL INCOME TAX. Add lines 22 through 26	28	1166
29.	Limited Income Credit	29	
30.	Income tax due to another state or jurisdiction	30	80
31.	Other credits from Credit Manager Schedule	31	
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32	1086
33.	Voluntary Contributions		
	a. Endangered Wildlife Conservation	33a	
	b. Organ Transplant Fund	33b	
	c. Massachusetts Public Health HIV and Hepatitis Fund	33c	
	d. Massachusetts U.S. Olympic Fund	33d	
	e. Massachusetts Military Family Relief Fund	33e	
	f. Homeless Animal Prevention and Care	33f	
	Total. Add lines 33a through 33f	33	
34.	Use tax due on Internet, mail order and other out-of-state purchases	34	
35.	Health care penalty a. You + b. Spouse	35	
36.	Amended return only. Overpayment from original return	36	
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36	37	1086

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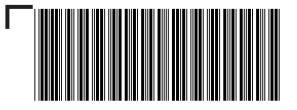
2021 Form 1, pg. 4 MA21001041555

Massachusetts Resident Income Tax Return 825661240

38. 39. 40. 41. 42. 43.	Massachusetts income tax withheld 38 2020 overpayment applied to your 2021 estimated tax 39 2021 Massachusetts estimated tax payments 40 Payments made with extension 41 Amended return only. Payments made with original return. Not less than "0" 42 Earned Income Credit. a. Number of qualifying children b. Amount from U.S. return x.30 = 43 Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception	1104
44.	Senior Circuit Breaker Credit 44	
45.	Child under age 13, or disabled dependent/spouse credit 45	
46.	Dependent member(s) of household under age 12, or dependent(s) age 65 or over (not you or your spouse) as of December 31, 2021 credit.	
	Not more than two. a. \times \$180 = 46	
	Other Refundable Credits 47	
	Excess Paid Family Leave Withholding 48	1104
	TOTAL. Add lines 38 through 48 49 Overpayment. Subtract line 37 from line 49 50	18
	Amount of overpayment you want applied to your 2022 estimated tax 51	10
52.	Refund. Subtract line 51 from line 50. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204 52	18
52.		10
	Direct deposit of refund. Type of account X checking savings RTN # 011000138 account # 466006069155	
53.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7003, Boston, MA 0220453InterestPenaltyM-2210 amt.	EX enclose Form M-2210
Mav tł	he Department of Revenue discuss this return with the preparer shown here?	
l do no Print p SYA	ot want preparer to file my return electronically (this may delay your refund) paid preparer's name Date Check if self-employe AM PRIYA RAM SAGAR GUPTA TALLAM 04132022 preparer's signature Paid preparer's phone 678 – 965 – 9522	Paid preparer's d SSN/PTIN P02082703 Paid preparer's EIN 30-1017196
SYA	AM PRIYA RAM SAGAR GUPTA TALLAM	
	BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1	

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2021 Schedule OJC

MA21655011555 Income Tax Paid to Other Jurisdictions

AYNUR OLMEZ 825661240	
Two-letter state or	
jurisdiction Amount of income on Total tax due before credits,	
postal code which you paid taxes W-2 withholding and payments	
NJ 5625 80	

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2021 Schedule B

MA21010011555

A	INUR	OLMEZ	825661240	1
Parl	1. Interest and Dividend Inco	me		
1.	Total interest income			1
2.	Total ordinary dividends			2
3.	Other interest and dividends not inclu	uded above		3
4.	Total interest and dividends			4
5.	Total interest from Massachusetts ba	anks		5
6a.	Other interest and dividends to be ex	kcluded		6a
6b.	Part-year/Nonresidents only			6b
7.	Subtotal			7
8.	Allowable deductions from your trade	e or business		8
9.	Subtotal			9
Darl	2 Short Torm Conital Caina	l access and Lang To	rm Gaina an Callactiblaa	
	2. Short-Term Capital Gains/	÷	IIII Gains on Collectibles	10
10.			1006 installment sales	10
11. 12.	a 1 a		rersion of property used in a trade or busi	
12.	held for one year or less	mange of involuntary con	reision of property used in a trade of busin	12
120	Add lines 10 through 12			13a
13a.	0			13a 13b
	Subtract line 13b from line 13a. Not	less than 0		13c
14.				14
	Subtotal			15
	Massachusetts short-term capital los	SSAS		16
17.			rersion of property used in a trade or busir	
	held for one year or less			17
18.	Prior short-term unused losses for ye	ears beginning after 1981		18
	· · · · · · · · · · · · · · · · · · ·			

-3



2021 Schedule B, pg. 2 825661240 MA21010021555

19a.	Combine lines 15 through 18	19a	-3
19b.	Part-year/Nonresidents only	19b	
19c.	Exclude line 19b losses from line 19a	19c	-3
20.	Short-term losses applied against interest and dividends	20	
21.	Available short-term losses	21	-3
22.	Short-term losses applied against long-term gains	22	
23.	Short-term losses available for carryover in 2022	23	-3
24.	Short-term gains and long-term gains on collectibles	24	
25.	Long-term losses applied against short-term gain	25	
26.	Subtotal	26	
27.	Long-term gains deduction	27	
28.	Short-term gains after long-term gains deduction	28	
Part 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39.	3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gain Enter the amount from line 9 Short-term losses applied against interest and dividends Subtotal interest and dividends Long-term losses applied against interest and dividends Adjusted interest and dividends Enter the amount from line 28 Adjusted gross interest, dividends and certain capital gains Excess exemptions Subtract line 36 from line 35 Interest and dividends taxable at 5.0% Truckle 10% central gains	s on Collectibles 29 30 31 32 33 34 35 36 37 38 39	
39. 40.	Taxable 12% capital gains Available short-term losses for carryover in 2022	39 40	-3





2021 Schedule C MA21011011555

Massachusetts Profit or Loss From Business

	YNUR BER SERVICES	OLMEZ			825661240				
UE	BER				485300				
29	3 KNOX AVE		CLIFFSIDE	PARK		NJ	07010	2511	
Account	ing method: X Cash	Accrual Othe	er (specify)					No. of employees	
Fill in if	you materially participated in the	e operation of this bu	usiness during 2021 (s	see line 33 i	instructions)			Х	
Fill in if	you started or acquired this busi	ness during 2021							
	you made any payments in 2021		•						
	you have any suspended PAL re								
	you claimed the small business				.		ng 2021		
	his income was reported to you		, , ,	e" box on th	nat form was checked				
	nterest or dividend reported on								
	nclude interest and dividends in			ount here a	nd on Schedule B, line	e 3. Se	e instruction	IS	
1.	a. Gross receipts or sales	/	659						7659
•	b. Returns and allowances						a – b = 1		/059
	Cost of goods sold and/or oper						2		7659
3.	Gross profit. Subtract line 2 fro Other income	m line i					3 4		1059
4. 5.	Total income. Add line 3 and lin	no. 1					4 5		7659
5. 6.	Advertising	16 4					5		1055
0. 7.	Bad debts from sales or service	06					7		
8.	Car and truck expenses	65					8		
9.	a. Commissions and fees						Ū		
0.	b. Contract Labor						a + b = 9		
10.	Depletion						10		
11.	Depreciation and Section 179	deduction					11		
12.	Employee benefit programs						12		
13.	Insurance						13		





2021 Schedule C, pg. 2 825661240 MA21011021555

14.	Interest				
	a. mortgage interest paid to financial institutions				
	b. other interest	840		a + b = 14	840
15.	Legal and professional services			15	
16.	Office expense			16	
17.	Pension and profit-sharing			17	
18.	Rent or lease a. vehicles, machinery and equipment				
	b. other business property			a + b = 18	
19.	Repairs and maintenance			19	
20.	Supplies			20	
21.	Taxes and licenses			21	
22.	Travel	4000		22	1240
23.	a. Total meals	4800			
	b. Enter 50% of 23a subject to limitations	2400		a – b = 23	2400
24.	Utilities			24	1140
25.	Wages	~	_	25	
26.	Other expenses	See	Exp S		2039
27.	Total expenses. Add lines 6 through 26			27	7659
28.	Tentative profit or loss. Subtract line 27 from line 5			28	
29.	Expenses for business use of your home			29	
30.	Abandoned Building Renovation Deduction			30	
31.	Net profit or loss. Subtract total of line 29 and line 30 from lin			31	
32.	Deductible loss. If you have a loss on line 31 it may be limited		37	32	
33.	Description of your investment in this activity. If you filled in 3		go to X	33a. All investment at risk.	
	line 35. If you filled in 33b see instructions for line 32 and go	to line 35		33b. Some investment is not at risk.	
34.	Profit from line 31			34	
35.	Total profit or loss. Combine lines 32 and 34			35	
36.	Allowable prior-year suspended PAL you are applying			36	
37.	Net profit or loss. Combine line 35 and 36. Enter here and or	Form 1, line 6a or Form 1 N	R/PY, line 8	8a 37	

L





2021 Schedule C, pg. 3 825661240 MA21011031555

Schedule C-1. Cost of Goods Sold and/or Operations

	Method(s) used to value closing inventory: Cost Lower of cos	t or market	Other (specify)	
	Fill in if there was any change in determining quantities, costs or valuations	s between opening	g & closing inventory? If Yes,	enclose explanation
	Fill in and enclose explanation if inventory at beginning of year is different f	rom last year's cl	osing inventory	
1.	Inventory at beginning of year		1	
2.	a. Purchases			
	b. Items withdrawn for personal use		a – b = 2	
3.	Cost of labor		3	
4.	Materials and supplies		4	
5.	Other costs		5	
6.	Add lines 1 through 5		6	i
7.	Inventory at end of year		7	
8.	Cost of goods sold and/or operations. Subtract line 7 from line 6		8	

Additional information from your Schedule C-C1: Profit/Loss from Business

Schedule C-C1: Profit/Loss from Business
Other Expenses

Other Expenses C	Continuation Statement		
Туре	Federal Amount	MA Amount	
STATIONERY EXP	1100	1100	
BACK OFFICE EX	939	939	
Total	2039	2039	





2021 Schedule INC

MA21INC011555

 AYNUR
 OLMEZ
 825661240

 Form W-2 and 1099 Information
 825661240

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
510163080 042738443	278 826	6021 16524	460		W2 W2

TOTALS

1104

22545

460

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2021 Schedule HC

MA21029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). **Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return. AYNUR OLME Z

825661240

1a.	Date of birth	02031990	1b. Spouse's date of birth	1c. Family size	1	
2	Federal adjusted	l aross income			2	28167

2. Federal adjusted gross income 2

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2021, you turned 18, you	3a You:	X Full-year MCC	Part-year MCC	No MCC/None
were a part-year resident or a taxpayer was deceased.	3a Spouse:	Full-year MCC	Part-year MCC	No MCC/None
If you filled in the full-year or part-year MCC oval, go to line 4. If you	ou filled in No MC	C/None, go to line 6.		

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2021, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a	. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	Х	You	Spouse
4b	. MassHealth. Fill in and go to line 5		You	Spouse
4c	. Medicare (including a replacement or supplemental plan). Fill in and go to line 5		You	Spouse
4d	. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5		You	Spouse
	. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net not considered insurance or minimum creditable coverage.		You	Spouse

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.BOSTON MEDICAL CENTER HEALTHNET043373331C000897620

- 4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.
- 5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2021, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.





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You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

You: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Spouse: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Your Health Insurance

6. Was your income in 2021 at or below 150% of the federal poverty level? 6 Yes No If you answer Yes, you are not subject to a penalty in 2021. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2021, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2021. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2021, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row),												

go to line 8a. Otherwise, a penalty does not apply to you in 2021. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a.	Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based	8a You	Yes	No
	on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by			
	health insurance?	Spouse	Yes	No
If you a	nswer Yes, go to line 8b. If you answer No, go to line 9.			
8b.	If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2021 tax year?	8b You	Yes	No
		Spouse	Yes	No
If you a	nswer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to li	ne 8b, go to line 9		
9.	Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health	9 You	Yes	No
	Connector for the 2021 tax year?	Spouse	Yes	No
If you a	nswer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax			

return. If you answer No to line 9, go to line 10.





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Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2021 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements	10 You	Yes	No
as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?	Spouse	Yes	No
Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligit	le for health insu	irance offere	ed by
your employer, you were self-employed or you were unemployed.			
11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC	11 You	Yes	No
Worksheet for Line 11 in the instructions?	Spouse	Yes	No
If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your	penalty amount.		
12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements	12 You	Yes	No
as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?	Spouse	Yes	No
If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care	Penalty Worksh	eet in the	

instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2021 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal. **You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.** Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

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