Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

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 ▶	Submis	sion Identification Number (SID)		·			
Spouse's social security number	Taxpayer	's name	Social securit	y numb	per		
Part II Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Notes Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	BALA	VENKATA SAI SRI PAMIDIPATI	733-98-	-074	7		
Enter whole dollars only on lines 1 through 5. Note: Form 104-OSS files use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3, 2, 852. 4 Amount you want refunded to you 4 2, 444. 5 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to move unbording, 1 consent to allow my linemedate service provider, 1 the emounts from the least of my knowledge and belief, it is true, correct, and complete, 1 further declare that the amounts in Part 1 above are the amounts from the lineme tax return (original or amended) I am now authorizing, 1 consent to allow my intermedate service provider, 1 the amounts in Part 1 above are the amounts from the lineme tax return originated file of any return to the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, 6) the reason for any delay in processing the return originated FEPO 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, 6) the reason from yet form to the payment or return originated or a payment of estimated tax, and the financial institution is debut the U.S. Treasury and its designated from the IRS (a) an acknowledge that the payment of the financial Agent to instate an ACH electronic payment of the processing the refurned to the transmission of the processing the refurned to the transmission of the processing the refurned to the transmission of the processing the refurned to the transm	Spouse's	name	Spouse's soci	ial secu	urity num	ber	
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3	1 .	Adjusted gross income		1	2	29,5	81.
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S Amount you owe S				<u> </u>			
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)				-		2,4	<u>44.</u>
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Taxpayer's PIN: check one box only	for any of Agent to payment authorize payment business taxes to personal	delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to the transport of the U.S. Treasury Financial Agent at 1-888-353-4537 . Payment cancellation requits days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the publication number (PIN) below is my signature for the income tax return (original or amended) I are	S. Treasury are cated in the tand to debit the the authorizates must be processing of ayment. I furt	nd its of ax prepartition. It is received the element of the eleme	designate paration stothis action stothis action in the contraction in the contraction is the contraction in the contraction in the contraction in the contraction in the contraction is the contraction in	ed Fin softwa count e (can ater to paymouther	ancial are for t. This acel) a han 2 ent of at the
I authorize GLOBAL TAXES LLC to enter or generate my PIN Enter five digits, but don't enter all zeros 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 PIN: check one box only □ I authorize						_	
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Spouse's PIN: check one box only I authorize		I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method					
I authorize	Your si	gnature ▶ Date ▶					
I authorize	Spouse	s's PIN: check one hox only				_	
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ERO Must Retain This Form — See Instructions	authorize	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm	tting this retu	rn in a	accordan	iće wi	
ERO Must Retain This Form — See Instructions	ERO's	signature ▶ Date ▶					

£1040

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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly but checked the MFS box, enter the reson is a child but not your dependent	name of	ed filing separately your spouse. If you	` ,	_		` ,	_	, ,	` , ` ,
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ity number
BALA VENKATA SAI SRI			PAM	IDIPATI					733-9	98-074	<u>.</u> 7
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's	s social se	curity number
		er and street). If you have a P.O. box, see D AVENUE	e instruct	ions.				Apt. no.		ntial Electi nere if you	ion Campaigr
	ost offi	ce. If you have a foreign address, also co	omplete s	spaces below.	Sta No			code 306	to go to	0,	ntly, want \$3 Checking a t change
Foreign countr	y name			Foreign province/state	e/coun	ty	Fore	eign postal code		or refund	
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interes	t in an	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction		neone can claim:	•			'	t				
Age/Blindnes	You	: Were born before January 2, 1	957 [Are blind S	pouse	: Was b	orn be	fore January 2	2, 1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relation	ship	(4) 🗸 if q	ualifies for	(see instru	uctions):
If more	(1) F	irst name Last name		number		to you		Child tax c	redit	Credit for o	ther dependents
than four											
dependents, see instruction	s —										
and check here ▶ □											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		32,081.
Attach	2a	Tax-exempt interest	2a		b T	axable intere	est		. 2b		
Sch. B if	За	Qualified dividends	3a		b C	Ordinary divid	lends		. 3b		
required.	4a	IRA distributions	4a			axable amou			. 4b		
	5a	Pensions and annuities	5a		b T	axable amou	ınt .		. 5b		
Standard	6a	Social security benefits	6a		b T	axable amou	ınt .		. 6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D	f required. If not re	quired	, check here		▶ [7		
 Single or Married filing 	8	Other income from Schedule 1, lir	ne 10						. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total in	come				▶ 9		32,081.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10		2,500.
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted gross inc	ome				▶ 11		29,581.
widow(er), \$25,100	12a	Standard deduction or itemized	•	-		1	2a	12,55	0.		
Head of	b	Charitable contributions if you take		,	-	ructions) 1	2b	30	0.		
household, \$18,800	С	Add lines 12a and 12b							. 120	;	12,850.
If you checked	13	Qualified business income deduct	tion fron	n Form 8995 or For	m 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or less	s, ente	er -0			. 15		16,731.

	16	Tax (see instructions). Check if any from Form(s): 1	8814	2 4972	3 🔲			16	1,808.
	17	Amount from Schedule 2, line 3					. [17	
	18	Add lines 16 and 17						18	1,808.
	19	Nonrefundable child tax credit or credit for other d	dependent	ts from Schedule	8812		. [19	
	20	Amount from Schedule 3, line 8					. [20	
	21	Add lines 19 and 20					. [21	
	22	Subtract line 21 from line 18. If zero or less, enter	-0				. [22	1,808.
	23	Other taxes, including self-employment tax, from S	Schedule	2, line 21			. [23	0.
	24	Add lines 22 and 23. This is your total tax					•	24	1,808.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	2,8	52.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	2,852.
If you have a	26	2021 estimated tax payments and amount applied	from 202				. [26	
qualifying child,	27a	Earned income credit (EIC)		No .	27a				
attach Sch. EIC.		Check here if you were born after January 1 January 2, 2004, and you satisfy all the othetaxpayers who are at least age 18, to claim the Eld	er require	ements for					
	b	Nontaxable combat pay election	27b						
	С	Prior year (2019) earned income	27c						
	28	Refundable child tax credit or additional child tax credit	edit from S	Schedule 8812	28				
	29	American opportunity credit from Form 8863, line	8		29				
	30	Recovery rebate credit. See instructions			30	1,4	00.		
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27a and 28 through 31. These are your \boldsymbol{t}	total othe	er payments and	refunc	lable credits	•	32	1,400.
	33	Add lines 25d, 26, and 32. These are your total pa	ayments				•	33	4,252.
Refund	34	If line 33 is more than line 24, subtract line 24 from	n line 33. ⁻	This is the amour	nt you c	verpaid .	.	34	2,444.
	35a	Amount of line 34 you want refunded to you. If Fo		is attached, ched	ck here	•		35a	2,444.
Direct deposit?	►b	Routing number 0 5 3 0 0 0 1 9 0							
See instructions.	►d	Account number 2 3 7 0 3 9 4 8 !	9 9 1	5					
	36	Amount of line 34 you want applied to your 2022	estimate	d tax ▶	36				
Amount	37	Amount you owe. Subtract line 33 from line 24. F	or details	on how to pay,	ee inst	ructions .	•	37	
You Owe	38	Estimated tax penalty (see instructions)		🕨	38				
Third Party Designee		you want to allow another person to discuss tructions			_	Yes. Comp	olete be	∍low.	⋉ No
		ignee's ne ▶	Phone no. ▶			Personal number (
Ciana		er penalties of perjury, I declare that I have examined this		accompanying sch	adulae a				t of my knowledge and
Sign		ef, they are true, correct, and complete. Declaration of prep							
Here	You	r signature Date		Your occupation			If the I	RS ser	nt you an Identity
	k			•			1		N, enter it here
Joint return?				BUSINESS A		ST	(see ir		
See instructions. Keep a copy for	Spo	use's signature. If a joint return, both must sign.		Spouse's occupati	on				nt your spouse an ection PIN, enter it here
your records.							(see ir	,	John III, Chief it ficie
	———Pho	ne no. (913)206-8250 Email	l address	THARUNDEXT	ER@GN	MATI, COM			
		parer's name Preparer's signature		III II CINDERI	Date	PT	īN	\neg	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM	SAGAR (GUPTA TALLAM	04/1	9/2022 PO	2082	703	Self-employed
Preparer		n's name ► GLOBAL TAXES LLC							678)965-9522
Use Only		n's address ► 2530 Pebble Creek Ln Ci	umminc	GA 30041				EIN ►	
Go to www.irs.au		1040 for instructions and the latest information.		BAA	REV 04	/09/22 PRO			Form 1040 (2021)
					v 04/				(-02.)

Form 1040 (2021)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

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

BALA VENKATA SAI SRI PAMIDIPATI

Your social security number
733-98-0747

Par	Additional income					
1	Taxable refunds, credits, or offsets of state and local income taxes	S			1	
2 a	Alimony received				2a	
b	Date of original divorce or separation agreement (see instructions)					
3	Business income or (loss). Attach Schedule C				3	
4	Other gains or (losses). Attach Form 4797				4	
5	Rental real estate, royalties, partnerships, S corporations, 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	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k				
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81				
m	Section 951(a) inclusion (see instructions)	8m				
n	Section 951A(a) inclusion (see instructions)	8n				
0	Section 461(I) excess business loss adjustment	80				
р	Taxable distributions from an ABLE account (see instructions).	8p				
z	Other income. List type and amount ▶	8z				
9	Total other income. Add lines 8a through 8z				9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR line 8	040,	1040-	SR, or	10	

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106	•	12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	>		
С	Date of original divorce or separation agreement (see instructions)			
20	IRA deduction		20	
21	Student loan interest deduction		21	2,500.
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
Z	Other adjustments. List type and amount ▶	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line		26	2,500.





Georgia Form 500 (Rev. 08/02/21) Individual Income Tax Return Georgia Department of Revenue 2021 (Approved software version)

Page 1

Beginning STATE **ISSUED** YOUR DRIVER'S Fiscal Year LICENSE/STATE ID Ending YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER 1. BALA VENKATA SAI 733-98-0747 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX PAMIDIPATI SPOUSE'S FIRST NAME SPOUSE'S SOCIAL SECURITY NUMBER DEPARTMENT USE ONLY LAST NAME SUFFIX ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) **CHECK IF ADDRESS HAS CHANGED** 2. 115 HIGHLAND AVENUE ZIP CODE CITY (Please insert a space if the city has multiple names) STATE 3. JERSEY CITY 07306 NJ (COUNTRY IF FOREIGN) 4. Enter your Residency Status with the appropriate number 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er) 6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse).....

7a.

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



YOUR SOCIAL SECURITY NUMBER 733-98-0747

2021

7b. Dependents (If you have more than 4 depen	dents, attach a list of additional dependents)	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
INCOME COMPUTATIONS If amount on line 8, 9, 10, 13 or 15 is negative, u 8. Federal adjusted gross income (From Federal I	Form 1040) 8.	29581
W-2s you must include a copy of your Federa		oss income is less than your
Adjustments from Form 500 Schedule 1 (See I'	T-511 Tax Booklet) 9.	
10. Georgia adjusted gross income (Net total of Lir	ne 8 and Line 9) 10.	
11. Standard Deduction (Do not use FEDERAL STA (See IT-511 Tax Booklet)	ANDARD DEDUCTION) 11a.	
b. Self: 65 or over? Blind? Total	al x 1,300= 11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 1' Use EITHER Line 11c OR Line 12c (Do not write)		
12. Total Itemized Deductions used in computing Fed	eral Taxable Income. If you use itemized deductions,	you must include Federal Schedule A.
a. Federal Itemized Deductions (Schedule A- I	Form 1040) 12a.	
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
c. Georgia Total Itemized Deductions	12c.	
13. Subtract either Line 11c or Line 12c from Line	10; enter balance13.	

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



2200411533

YOUR SOCIAL SECURITY NUMBER 733-98-0747

2021

Page 3

14a.	or multiply by \$				/ \$2,700 IOI IIIII	ig status A of	D 14a.				
14b.	Enter the numb	er from Lin	e 7a. Mu	ultiply b	y \$3,000		14b.				
14c.	Add Lines 14a.	. and 14b. I	Enter total			•••••	14c.				
	Income before Georgia NOL u applying the 8	ıtilized (Car	nnot exceed L	ine 15a	a or the amou	ınt after					24481
15c.	Georgia Taxab	le Income (Line 15a less	Line 1	5b)		15c.				24481
16.	Tax (Use Tax	Table or Ta	x Rate Sched	ule in t	he IT-511 Ta	x Booklet)	16.				1235
17.	Low Income C	Credit 1	7a.	17b.			17c.				
18.	Other State(s)	Tax Credit	(Include a co	py of th	ne other state	(s) return)	18.				
19.	Credits used fr	om IND-CF	R Summary W	orkshe	et		19.				
20.	Total Credits (Schedule 2	Georgi	a Tax Credit	s (must be	filed 20.				
21.	Total Credits Use	•	nes 17-20) can	not exc	eed Line 16		21.				0
22.	Balance (Line	16 less Line	e 21) if zero o	r less th	an zero, ente	er zero	22.				1235
GΑ		. For other i	ncome staten								G2-As on Line 4 Form G2-LP Line
	(INCOME ST	ATEMENT A)		(INCOMI	E STATEMEN	T B)		(INCOME	STATEMENT	C)
1.	WITHHOLDING T	YPE:		1.	WITHHOLDIN	IG TYPE:		1.	WITHHOLDING	TYPE:	
	X W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP
2.	1099 EMPLOYER/PAY ID NUMBER (FEII			2.	1099 EMPLOYER/P ID NUMBER (I		G2-RP RAL SSN	2.	1099 EMPLOYER/PA ID NUMBER (F		
	20402549	99									
3.	EMPLOYER/PAY		/ITHHOLDING I	D 3.	EMPLOYER/F	PAYER STATI	E WITHHOLDING IE	3.	EMPLOYER/P	AYER STATE	WITHHOLDING ID
4.	GA WAGES / INC	оме 32081		4.	GA WAGES /	INCOME		4.	GA WAGES / I	NCOME	
5.	GA TAX WITHHE	ELD 1517		5.	GA TAX WITH	IHELD		5.	GA TAX WITH	HELD	

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

PAGES (1-5) ARE REQUIRED FOR PROCESSING

REV 03/22/22 PRO

21

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2021



2200411543

YOUR SOCIAL SECURITY NUMBER 733-98-0747

	(INCOME STATEMENT D)	(INCOME STATEMEN	IT E)	(INCOME STATEMENT I	=)
1.	WITHHOLDING TYPE:	1. WITHHOLDING TYPE:		1. WITHHOLDING TYPE:	
	W-2 G2-A G2-LP	W-2 G2-A	G2-LP	W-2 G2-A	G2-LP
	1099 G2-FL G2-RP	1099 G2-FL	G2-RP	1099 G2-FL	G2-RP
2.	EMPLOYER/PAYER FEDERAL	2. EMPLOYER/PAYER FEDEI	RAL	2. EMPLOYER/PAYER FEDERA	L
	ID NUMBER (FEIN) SSN	ID NUMBER (FEIN)	SSN	ID NUMBER (FEIN) SSI	N
3.	EMPLOYER/PAYER STATE WITHHOLDII	NG ID 3. EMPLOYER/PAYER STAT	E WITHHOLDING ID	3. EMPLOYER/PAYER STATE	WITHHOLDING ID
4.	GA WAGES / INCOME	4. GA WAGES / INCOME		4. GA WAGES / INCOME	
_	CA TAX WITHIELD	E CA TAY WITHHELD		E CA TAY MITHUELD	
5.	GA TAX WITHHELD	5. GA TAX WITHHELD		5. GA TAX WITHHELD	
23.	Georgia Income Tax Withheld on	Wages and 1099s	23.		1517
	(Enter Tax Withheld Only and include		20.		1317
24.	Other Georgia Income Tax Withh	eld	24.		
	(Must include G2-A, G2-FL, G2-LP a				
25.	Estimated Tax paid for 2021 and F	orm IT-560	25.		
	·				
26.	Schedule 2B Refundable Tax Cred	its	26.		
	(Cannot be claimed unless filed ele	ectronically)			
27.	Total prepayment credits (Add Line	s 23, 24, 25 and 26)	27.		1517
28.	If Line 22 exceeds Line 27, subtraction				
	balance due		28.		
29.	If Line 27 exceeds Line 22, subtract				0.00
	overpayment		29.		282
			00		0
30.	Amount to be credited to 2022 ES	SIIMATED TAX	30.		0
24	Coorgia Wildlife Conservation Fun	d (No gift of loss than \$1 00)	31.		
31.	Georgia Wildlife Conservation Fun	a (No girt of less than \$1.00)	01.		
32.	Georgia Fund for Children and Eld	derly (No gift of less than \$1 00)	32.		
JZ.	Georgia i una loi ofiliaren ana Ele	ichy (No ght of less than \$1.00)			
33.	Georgia Cancer Research Fund (N	lo gift of less than \$1.00)	33.		
00.	(1	g ,			
34.	Georgia Land Conservation Progra	am (No gift of less than \$1.00)	34.		
		,			
35.	Georgia National Guard Foundation	n (No gift of less than \$1.00)	35.		
		-			
36.	Dog & Cat Sterilization Fund (No g	ift of less than \$1.00)	36.		
37.	Saving the Cure Fund (No gift of I	ess than \$1.00)	37.		
	Bullion III in the control of the co	(DEAGL) D			
38.	•	an Happen (REACH) Program	38.		
_	(No gift of less than \$1.00)	A DE DECLUDED E	0D DD00F	-001110	





YOUR SOCIAL SECURITY NUMBER 733-98-0747

2021

Page 5

39.	Public Safety Memorial	Grant (No gift of I	less than \$1.00)		39.			
40.	Form 500 UET (Estima	ted tax penalty)	500 UET exception	on attached	40.			
41.	(If you owe) Add Line MAKE CHECK PAYAB		DEPARTMENT OF	REVENUE	41.			
	Amount Due Mail To: GEORGIA DEPARTMEN PROCESSING CENTER ATLANTA, GA 30374-03	, PO BOX 740399						
42.	(If you are due a refund	•			42.			282
	If you do not enter Di					ill be issued	a paper check.	202
42a.	Direct Deposit (U.S. Accounts	Only)	_		_			
		Routing				Refund Di	ue Mail To:	
Тур	pe: Checking X	Number 05300	0196				DEPARTMENT OF	_
	Savings	Account	0.400015				SING CENTER, PO E , GA 30374-0380	3OX 740380
		Number 23703	39489915			AILANIA	, OA 30374-0300	
	axpayer's Signature	(Check box if	deceased)	 Spouse's	s Signature	(Check	box if deceased)	
	, , ,			•	J	(2112311	,	
Ta	axpayer's Date of Death			Spouse's	s Date of Death	l		
Ta	axpayer's Signature Dat	е	Taxpayer's Phon 913-206-8			Spouse's	s Signature Date	
n	By providing my e-mail address my account(s).	· ·	Georgia Department of	Revenue to elec	ctronically notify me	at the below e-m	nail address regarding a	any updates to
٦	Гахрауег's E-mail Addre	SS						
							I authorize DOR to d with the named prep	
					Prepare	r's Phone Nun	nber	
	SYAM PRIYA RAM S	SAGAR GUPTA '	TALLAM_			-965-952		
	Signature of Preparer							
- 1	Name of Preparer Other	Than Taxpayer			Prepare	er's FEIN		

REV 03/22/22 PRO

SYAM PRIYA RAM SAGAR GUPT

Preparer's Firm Name

GLOBAL TAXES LLC

30-1017196

P02082703

Preparer's SSN/PTIN/SIDN

Georgia Form 500
(Rev. 08/02/21)
Schedule 1
Adjustments to Income
2021 (Approved software version)



2207211513

Schedule 1 Page 1

YOUR SOCIAL SECURITY NUMBER 733-98-0747

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW

See IT-511 Tax Booklet

ADDITIONS to INCOME 1. Interest on Non-Georgia Municipal and State Bonds	1.
Lump Sum Distributions	
3. Reserved	3.
Net operating loss carryover deducted on Federal return	4.
5. Other (Specify)	5.
6. Total Additions (Enter sum of Lines 1-5 here)	6.
SUBTRACTION from INCOME	
7. Retirement Income Exclusion (See IT-511 Tax Booklet) Complete Sch a. Self: Date of Birth Date of Disability: Ty	nedule 1, page 2 if claiming Retirement Income Exclusion. rpe of Disability:
	7a.
b. Spouse: Date of Birth Date of Disability: Ty	pe of Disability:
	7b.
9 Capial Coqueity Panafita (Tayabla partian from Endard raturn)	0
Social Security Benefits (Taxable portion from Federal return)	
9. Path2College 529 Plan	9.
10. Interest on United States Obligations (See IT-511 Tax Booklet)	10.
11. Reserved	11.
12. Other Adjustments (Specify)	
Adjustment CHARITABLE DED	Amount 300
Adjustment	Amount
Adjustment	Amount
Adjustment	Amount
Total	12. 300
13. Total Subtractions (Enter sum of Lines 7-12 here)	13. 300
14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on	-300

Georgia Form 500 (Rev. 08/02/21) Schedule 1 Adjustments to Income 2021 (Approved software version)



2207211523

Schedule 1 Page 2

YOUR SOCIAL SECURITY NUMBER 733-98-0747

SCHEDULE 1 RETIREMENT INCOME EXCLUSION

(TAXPAYER)

See IT-511 Tax Booklet (SPOUSE)

1. Salary and wages
2. Other Earned Income (Losses)
3. Total Earned Income
4. Maximum Eamed Income
5. Smaller of Line 3 or 4; if zero or less, enter zero
6. Interest Income
7. Dividend Income
8. Alimony
9. Capital Gains (Losses)
10. Other Income (Losses)(See IT-511 Tax Booklet)
11. Taxable IRA Distributions
12. Taxable Pensions
13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses)(See IT-511 Tax Booklet)
14. Total of Lines 6 through 13; if zero or less, enter zero
15. Add Lines 5 and 14
16. Maximum Allowable Exclusion*
17. Smaller of Lines 15 and 16; enterhere and on Form 500, Schedule 1, Lines 7a. & b

^{*}If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.

Georgia Form **500** (Rev. 08/02/21) Schedule 3 **Part-Year Nonresident**

2021 (Approved software version)



Schedule 3 Page 1

YOUR SOCIAL SECURITY NUMBER 733-98-0747

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS. Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

Income earned in another state as a Georgia res	sident is taxable but other state(s) tax credit may a	apply. See IT-511 Tax	Booklet.
FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)		DRGIA INCOME COLUMN C)
1. WAGES, SALARIES, TIPS, etc 32081	1. WAGES, SALARIES, TIPS, etc 0	1. WAGES, SALA	ARIES, TIPS, etc 32081
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AN	ID DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INC	COME OR (LOSS)
4. OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS)	4. OTHER INCOM	TE OR (LOSS)
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 3 2 0 8 1	5. TOTAL INCOME: TOTAL LINES 1 THRU 4	5. TOTAL INCOM	E: TOTAL LINES 1 THRU 4 32081
6. TOTAL ADJUSTMENTS FROM FORM 1040 2500	6. TOTAL ADJUSTMENTS FROM FORM 1040 2500	6. TOTAL ADJUS	STMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500,	7. TOTAL ADJUSTMENTS FROM FORM 500,		TMENTS FROM FORM 500,
SCHEDULE1 -300	SCHEDULE1 0	SCHEDULE 1	-300
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GI LINE 5 PLUS (ROSS INCOME: DR MINUS LINES 6 AND 7
29281	-2500		31781
RATIO: Divide Line 8, Column C by Line check the box for Time Ratio. Enter	e 8, Column A enter percentage or er percentage	9. 100.	% Not to exceed 100%
10a. Itemized or Standard Deduction X	or Georgia Itemized (See IT-511 Tax Booklet)	10a.	4600
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65	or over? Blind? Total X 1,300=	10b.	
11. Personal Exemptions from Form 500 or F	orm 500X (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c from Form 500 filing status A or D or multiply by \$3,700 for 1		11a.	2700
11b. Enter the number on Line 7a from Form 500	or Form 500X multiply by \$3,000	11b.	
12. Total Deductions and Exemptions: Add	Lines 10a, 10b, 11a, and 11b	12.	7300
13. Multiply Line 12 by Ratio on Line 9 and el		13.	7300
 Income before GA NOL: Subtract Line 1: Enter here and on Line 15a, Page 3 of F 		14.	24481

£1040

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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly but checked the MFS box, enter the reson is a child but not your dependent	name of	ed filing separately your spouse. If you	,	_		` ,	_	, ,	` , ` ,
Your first name	and m	iddle initial	Last na	ame					Your soc	cial securi	ty number
BALA VENKATA SAI SRI			PAM	PAMIDIPATI					733-98-0747		
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's	s social se	curity number
		er and street). If you have a P.O. box, see D AVENUE	instruct	ions.				Apt. no.		ntial Electi	on Campaigr
City, town, or post office. If you have a foreign address, also co JERSEY CITY				mplete spaces below. State NJ				code '306	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change		
Foreign countr	y name			Foreign province/state	e/coun	ty	Fore	eign postal code		or refund	
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of a	ny fina	ancial interes	t in an	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction		neone can claim:	•			'	t				
Age/Blindnes	You	: Were born before January 2, 1	957 [Are blind S	pouse	: Was b	orn be	fore January 2	2, 1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relation	ship	(4) 🗸 if q	ualifies for	(see instru	uctions):
If more	(1) F	First name Last name		number to ye		to you	Child tax cre		redit	Credit for of	her dependents
than four											
dependents, see instructions — and check here											
	. 1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		<u> </u>
Attach		Tax-exempt interest	2a		h T	axable intere			2b		52,001.
Sch. B if	3a	Qualified dividends	3a			Ordinary divid			3b		
required.	4a	IRA distributions	4a			axable amou			. 4b		
	5a	Pensions and annuities	5a			axable amou			. 5b		
Standard	6a	Social security benefits	6a			axable amou			. 6b		
Deduction for—	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7		
Single or Married filing	8	Other income from Schedule 1, line 10									
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. <u>8</u>		32,081.
\$12,550 Married filing	10	Adjustments to income from Sche		•					. 10		2,500.
jointly or Qualifying	11	•	ne 9. This is your adjusted gross income					▶ 11		29,581.	
widow(er),	12a	-									<u> </u>
\$25,100 • Head of	b	Charitable contributions if you take		•			2b	30			
household,	c	Add lines 12a and 12b							. 12c		12,850.
\$18,800 If you checked	13		siness income deduction from Form 8995 or Form 8995-A								,
any box under Standard	14	Add lines 12c and 13							. <u>13</u>		12,850.
Deduction,	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less	s, ente	er -0			. 15		16,731.

	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3			16	1,808.				
	17	Amount from Schedule 2, line 3			17					
	18	Add lines 16 and 17			18	1,808.				
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 88			19					
	20	Amount from Schedule 3, line 8			20					
	21	Add lines 19 and 20			21					
	22	Subtract line 21 from line 18. If zero or less, enter -0			22	1,808.				
	23	Other taxes, including self-employment tax, from Schedule 2, line 21			23	0.				
	24	Add lines 22 and 23. This is your total tax		. ▶	24	1,808.				
	25	Federal income tax withheld from:								
	а	Form(s) W-2	5a 2	,852.						
	b	Form(s) 1099	5b							
	С	Other forms (see instructions)	5c							
	d	Add lines 25a through 25c			25d	2,852.				
If you have a	26	2021 estimated tax payments and amount applied from 2020 return			26					
qualifying child,	27a	Earned income credit (EIC)	7a							
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before								
		January 2, 2004, and you satisfy all the other requirements for								
		taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐								
	b	Nontaxable combat pay election								
	С	Prior year (2019) earned income	20							
	28		28		-					
	29		29	400	-					
	30	· · · · · · · · · · · · · · · · · · ·		,400.	-					
	31		31 formula la la como	.	-	1 400				
	32	Add lines 27a and 28 through 31. These are your total other payments and re			32	1,400. 4,252.				
	33	Add lines 25d, 26, and 32. These are your total payments			33	2,444.				
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount y	=		34 35a	2,444.				
Direct deposit?	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check heating number 0 5 3 0 0 0 1 9 6 ► c Type: 🔀 Ch	Soa	2,111.						
See instructions.	►b ►d	Routing number 0 5 3 0 0 0 1 9 6 ► c Type: ★ CP Account number 2 3 7 0 3 9 4 8 9 9 1 5								
	36	Amount of line 34 you want applied to your 2022 estimated tax 36								
Amount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see		. ▶	37					
You Owe	38		38		31					
Third Party		you want to allow another person to discuss this return with the IRS? Se								
Designee		tructions		omplete b	elow.	X No				
200.900	Des	Designee's Phone Personal identi								
	nar	no. ▶	num	oer (PIN)	-					
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedu								
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is basec		er has any knowledge. nt vou an Identitv						
	You	ur signature Date Your occupation	Date Your occupation							
Joint return?		BUSINESS AND	BUSINESS ANALYST			N, enter it here				
See instructions.	Spo									
Keep a copy for			opodos s decapation			Identity Protection PIN, enter it here				
your records.				(see i	inst.) ▶					
		one no. (913)206-8250 Email address THARUNDEXTER								
Paid			ate	PTIN		Check if:				
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 0	4/19/2022	P02082	2703	Self-employed				
Use Only		m's name ► GLOBAL TAXES LLC	e no. (678)965-9522						
	Firr	n's address ▶ 2530 Pebble Creek Ln Cumming GA 30041		Firm'	s EIN 🕨	30-1017196				
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information.	EV 04/09/22 PRO			Form 1040 (2021)				

Form 1040 (2021)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

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

BALA VENKATA SAI SRI PAMIDIPATI

Your social security number
733-98-0747

Par	Additional income					
1	Taxable refunds, credits, or offsets of state and local income taxes	3			1	
2 a	Alimony received				2a	
b	Date of original divorce or separation agreement (see instructions)					
3	Business income or (loss). Attach Schedule C				3	
4	Other gains or (losses). Attach Form 4797				4	
5	Rental real estate, royalties, partnerships, S corporations, truschedule E				5	
6	Farm income or (loss). Attach Schedule F				6	
7	Unemployment compensation				7	
8	Other income:					
а	Net operating loss	8a	()		
b	Gambling income	8b				
С	Cancellation of debt	8c				
d	Foreign earned income exclusion from Form 2555	8d	()		
е	Taxable Health Savings Account distribution	8e				
f	Alaska Permanent Fund dividends	8f				
g	Jury duty pay	8g				
h	Prizes and awards	8h				
i	Activity not engaged in for profit income	8i				
j	Stock options	8j				
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k				
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81				
m	Section 951(a) inclusion (see instructions)	8m				
n	Section 951A(a) inclusion (see instructions)	8n				
0	Section 461(I) excess business loss adjustment	80				
р	Taxable distributions from an ABLE account (see instructions) .	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	040,	1040-5	SR, or	10	

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

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
5	Deductible part of self-employment tax. Attach Schedule SE	15	
6	Self-employed SEP, SIMPLE, and qualified plans	16	
7	Self-employed health insurance deduction	17	
8	Penalty on early withdrawal of savings	18	
9a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	2,500.
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 Paralympic medals and USOC prize money reported on line 8l 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations		
j	Housing deduction from Form 2555 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
Z	Other adjustments. List type and amount ▶		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	2 500