Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number						
KAVITHA KAMJULA SANTHOSHI	577-39-4375						
Spouse's name	Spouse's social security number						
Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter	year you are authorizing.)						
Enter whole dollars only on lines 1 through 5.							
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income	1 144,059.						
2 Total tax	2 25,972.						
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 23,045.						
4 Amount you want refunded to you	4 73.						
5 Amount you owe	5						
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)							

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

Taxpayer's PIN: check one box only

GLOBAL	TAXES	LLC	to enter or generate my PI	N
	1111100			1.4

9	4	3	7	5	as my
Ent don	aomy				

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

X 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 signature 🕨	Date 🕨			
Practitioner PIN Method Returns Only—continue below				
Part III Certification and Authentication – Practi	ioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your f	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 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 🕨					
ER Don't Subn						
For Denominant's Deduction Act Nation and you	tov vetum instructions		Earm 8879 (Bay, 01 2021)			

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 04/01/22 PRO

1040		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		(99) Jrn	20	21	OMB No.	1545-00	174 IRS Use On	ly—Do not	write or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly u checked the MFS box, enter the n on is a child but not your dependen	ame of y	our spo	use. If yo	u check	ked the HC		usehold (HOH) W box, enter t?			
Your first name	and mi	ddle initial	Last nar	me						Your s	ocial securi	ty number
KAVITHA			KAMJ	ULA S	SANTHC	SHI				577-	39-437	5
If joint return, s	pouse's	first name and middle initial	Last nar	me							e' <mark>s social se</mark> 06-559	curity number
Home address		r and street). If you have a P.O. box, see	instructio	ons.					Apt. no.		ential Electi here if you	ion Campaign
		ce. If you have a foreign address, also co	molete si	naces he	low	Sta	to	71	P code		· · ·	ntly, want \$3
FRISCO	031 0110		inpiete s	Daces be	1011.				5035			Checking a
Foreign countr	/ name		F	oreign n	rovince/sta				preign postal code		low will not x or refund	0
	y name			oreign pi	1011100/34					, , , , , , , , , , , , , , , , , , , ,	You	Spouse
At any time du	ring 20	21, did you receive, sell, exchange	, or othe	rwise di	spose of	any fina	ancial inter	est in a	any virtual curre	ency?	X Yes	No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you				a depende	ent				
Age/Blindness	You:	Were born before January 2, 1	957	Are bl	ind s	Spouse	e: 🗌 Was	s born k	pefore January		🗌 ls b	
Dependents		instructions): rst name Last name		(2) Social security number to you			(4) ✔ if Child tax	if qualifies for (see instructions): x credit Credit for other depender				
than four	TAN	IVI MALIREDDY	511-29-7366			Daughter 🛛 🗙		×				
dependents, see instruction	DHA	NYA MALIREDDY	215-87-91		190	.90 Daughte:		×				
and check	s											
here 🕨 🗌												
		Wages, salaries, tips, etc. Attach	=orm(s) \	N-2 .						. 1	1	60,662.
Attach Sch. B if	2a	Tax-exempt interest	2a			bΤ	axable inte	erest		. 2	b	
required.	3a	Qualified dividends	3a			b C	Ordinary di	vidends	s	. 3	b	
	4a	IRA distributions	4a			bΤ	axable am	iount.		. 41	b	
	5a		5a				axable am			. 5	-	
Standard Deduction for –	6a	···· / / / / /	6a				axable am			. 6		
Single or	7	Capital gain or (loss). Attach Sche		require	d. If not r	equired	, check he	re .	🕨			-112.
Married filing separately,	8	Other income from Schedule 1, lin		• •						. 8		16,491.
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,			our total i	ncome		• •		► <u>9</u>		44,059.
 Married filing jointly or 	10	Adjustments to income from Sche	,							. 10		
Qualifying widow(er),	11	Subtract line 10 from line 9. This is						· · ·			1 1	44,059.
\$25,100	<u>12a</u>	Standard deduction or itemized		•		,	· ·	12a	12,55			
 Head of household, 	b	Charitable contributions if you take	the stan	dard de	duction (s	see instr	ructions)	12b)0.		10 050
\$18,800	C	Add lines 12a and 12b	· · ·									12,850.
 If you checked any box under 	13	Qualified business income deduct	ion from							. 1		10 050
Standard Deduction,	14 15	Add lines 12c and 13	••••							. 1		12,850.
see instructions.	15	Taxable income. Subtract line 14	irom in	e I I. IT Z		ss, ente	<i>#</i> -U			. 1	o 1	31,209.

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

Form **1040** (2021)

Form 1040 (202	1)							Page 2
	16	Tax (see instructions). Check if any fi	rom Form(s): 1 🗌 881	4 2 4972	3		16	25,511.
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	25,511.
	19	Nonrefundable child tax credit or cr	edit for other depender	nts from Schedul	ə8812		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	o or less, enter -0				22	25,511.
	23	Other taxes, including self-employn	nent tax, from Schedule	e 2, line 21 .			23	461.
	24	Add lines 22 and 23. This is your to	tal tax			. 🕨	24	25,972.
	25	Federal income tax withheld from:			1 1			
	а	Form(s) W-2			25a 23	045.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions) .			25c	0.		
	d	Add lines 25a through 25c					25d	23,045.
If you have a	26	2021 estimated tax payments and a					26	
qualifying child,	27a	Earned income credit (EIC)			27a			
attach Sch. EIC.		Check here if you were born af						
		January 2, 2004, and you satisf taxpayers who are at least age 18, t	· ·					
	b	Nontaxable combat pay election						
	c	Prior year (2019) earned income			-			
	28	Refundable child tax credit or additio		Schedule 8812	28 3	000.		
	29	American opportunity credit from Fe			29			
	30	Recovery rebate credit. See instruc	,		30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27a and 28 through 31. T				ts 🕨	32	3,000.
	33	Add lines 25d, 26, and 32. These ar	•				33	26,045.
	34	If line 33 is more than line 24, subtra				• •	34	73.
Refund	35a	Amount of line 34 you want refunde			•	▶ □	35a	73.
Direct deposit?	►b	Routing number 0 5 4 0 0						
See instructions.		Account number 5 3 1 8 5		► c Type: 🛛	Checking S	avings		
	36	Amount of line 34 you want applied		ed tax 🕨	36			
Amount	37	Amount you owe. Subtract line 33	-			. ►	37	
You Owe	38	Estimated tax penalty (see instruction			38			
Third Party	Do	you want to allow another person						
Designee		tructions				nplete b	elow.	× No
•		signee's	Phone			nal identifi		
	nai	ne 🕨	no. 🕨		numbe	er (PIN) 🕨		
Sign		der penalties of perjury, I declare that I have ef, they are true, correct, and complete. De						
Here							• •	, ,
	YO	ur signature	Date	Your occupation				: you an Identity J, enter it here
Joint return?				SYSTEMS A	NALYST		nst.) 🕨 🔽	
See instructions.	Sp	ouse's signature. If a joint return, both mu	st sign. Date	Spouse's occupat	tion			your spouse an
Keep a copy for your records.	•							ction PIN, enter it here
your rocordo.						(see i	nst.) 🕨	
		one no. (847)852-9546	Email address	KAVITHAKS	@GMAIL.COM	DTIN		01 1 1
Paid			er's signature	011Dml		PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM		GUPTA TALLAM		202082		Self-employed
Use Only		n's name GLOBAL TAXES I						578)965-9522
		n's address ► 2530 Pebble Cr		g GA 30041		Firm's	s EIN 🕨	30-1017196
Go to www.irs.g	ov/Forn	1040 for instructions and the latest inform	nation.	BAA	REV 04/01/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

OMB No. 1545-0074

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

Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number					
KAVITHA KAMJULA SANTHOSHI	577-39-4375					
Part I Additional Income						

1	Taxable refunds, credits, or offsets of state and local income taxe	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	-16,491.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr 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		
ο	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
z	Other income. List type and amount ►	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1			
Eer D	1040-NR, line 8		10	-16,491.
LOL LA	perwork Reduction Act Notice, see your tax return instructions.		scriedu	ile 1 (Form 1040) 2021

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	3	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) \blacktriangleright			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 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

SCHEDULE	2
(Form 1040)	

Department of the Treasury

Additional Taxes

OMB No. 1545-0074 20

21

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

► Go to *www.irs.gov/Form1040* for instructions and the latest information.

Attachment Sequence No. 02 Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number KAVITHA KAMJULA SANTHOSHI 577-39-4375

Pa	rt I Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 .	3	
Pa	rt II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.Attach Form 41375		
6	Uncollected social security and Medicare tax on wages. AttachForm 89196		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	461.
12	Net investment income tax. Attach Form 8960	12	

13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(00)	ontinu	ued on page 2)

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount ▶	17a			
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
ο	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount ►	17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Additional tax from Schedule 8812		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, 18, and 19. These are your total other and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23k		21	46	1.
	ВАА	REV 04/01/22 PRO	Schedu	ule 2 (Form 1040) 2	

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2

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

	ient of the freasury		-		partnerships must generally file		Attachment Sequence No. 09				
Name of proprietor				Social	security number (SSN)						
KAVI	AVITHA KAMJULA SANTHOSHI					577-	577-39-4375				
Α	Principal business or profession, including product or service (see instructions)						er code from instructions				
	IT CONSULTANCY AND) SEF	RVICES				▶ 5 1 8 2 1 0				
С	Business name. If no separate	busin	ess name, leave blank.			D Emp	oloyer ID number (EIN) (see instr.)				
	RKTD LLC					8 7	2 5 5 8 1 0 4				
E	Business address (including s	uite or	room no.) ► 11368 CH	IAUCI	ER DR						
	City, town or post office, state										
F	Accounting method: (1)	K Casl	n (2) 🗌 Accrual (3) 🗌 (Other (specify) 🕨						
G	Did you "materially participate	e" in th	e operation of this business	during	2021? If "No," see instructions for	limit on lo	osses . 🗙 Yes 🗌 No				
н	If you started or acquired this	busine	ess during 2021, check here				🕨 🗌				
I	Did you make any payments i	n 2021	that would require you to fil	e Form	n(s) 1099? See instructions		🗌 Yes 🗶 No				
J	If "Yes," did you or will you file	e requi	red Form(s) 1099?				🗌 Yes 🗌 No				
Part											
1	Gross receipts or sales. See in	nstruct	ions for line 1 and check the	box if	this income was reported to you o	n					
	Form W-2 and the "Statutory	employ	vee" box on that form was c	hecked	d	1	18,480.				
2	Returns and allowances					. 2					
3							18,480.				
4	Cost of goods sold (from line	42) .				. 4					
5	•						18,480.				
6	÷ •		÷		refund (see instructions)						
7	Gross income. Add lines 5 ar	nd 6 .	<u> </u>	<u> </u>	<u> </u>	7	18,480.				
Part		1	for business use of you		-						
8	Advertising	8		18	Office expense (see instructions)		9,015.				
9	Car and truck expenses (see			19	Pension and profit-sharing plans	. 19					
	instructions)	9		20	Rent or lease (see instructions):						
10	Commissions and fees .	10		а	Vehicles, machinery, and equipment						
11	Contract labor (see instructions)	11		b	Other business property						
12 13	Depletion	12		21	Repairs and maintenance		1 205				
13	expense deduction (not			22	Supplies (not included in Part III)		1,295.				
	included in Part III) (see			23	Taxes and licenses	. 23	5,305.				
	instructions)	13		24	Travel and meals:		0.00				
14	Employee benefit programs			а	Travel	. 24a	900.				
45	(other than on line 19)	14	0.0	b	Deductible meals (see	0.41	2 400				
15	Insurance (other than health)	15	80.	05	instructions)		2,400. 840.				
16	Interest (see instructions):	40-	0 4 2 1	25		. 25	040.				
a L	Mortgage (paid to banks, etc.)	16a	2,431. 875.	26	Wages (less employment credits)		11,130.				
b 17	Other	16b 17	700.	27a b	Other expenses (from line 48) . Reserved for future use	. 27a . 27b	11,150.				
28	* .	1		1	8 through 27a		34,971.				
29	Tentative profit or (loss). Subt					. 29	-16,491.				
30	,				nses elsewhere. Attach Form 882		10,191.				
30	unless using the simplified me	,		e expe	inses elsewhere. Attach i onn 602	5					
	Simplified method filers only			(a) you	ur home:						
	and (b) the part of your home				. Use the Simplified	-					
	Method Worksheet in the inst			ter on		. 30					
31	Net profit or (loss). Subtract		5								
-	 If a profit, enter on both Sch 			on Sch	edule SE. line 2. (If you						
	checked the box on line 1, see					31	-16,491.				
	• If a loss, you must go to lin		.,		,						
32	If you have a loss, check the b		t describes your investment	in this	activity. See instructions.						
	 If you checked 32a, enter th 		-								
	SE, line 2. (If you checked the		•		· · ·	32a	X All investment is at risk.				
	Form 1041, line 3.		,)		32b	_				
	• If you checked 32b, you mu	st atta	ch Form 6198. Your loss ma	ay be li	mited.	at risk.					

REV 04/01/22 PRO

-	le C (Form 1040) 2021				Page 2
Part	Cost of Goods Sold (see instructions)				
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Othe	er (attao	ch exp	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing in If "Yes," attach explanation			. 🗌 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 ca are not required to file Form 4562 for this business. See the instructions for 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 ve	ehicle	for:	
а	Business b Commuting (see instructions)	c Ot	ther		
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
b	If "Yes," is the evidence written?			· · 🗌 Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8–26	or line	30.		
BA	CK OFFICE EXPENSES				5,500.
ST.	ATIONERY EXPENSES				2,500.
CO	NSULTANCY EXPENSES				3,130.
48	Total other expenses. Enter here and on line 27a		40		11 120
-10		•	48		11,130.

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

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

Department of the Treasury

KAVITHA KAMJULA SANTHOSHI

Your social security number

577-39-4375

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) Adjustments to gain or loss f Form(s) 8949, P line 2, column	rom art 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	149,212.	137,055.	2,549.		2,549.		14,706.
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							
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	Г	6	()				
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .		7	14,706.		

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	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	14,452.	29,270.			-14,818.
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	ain or (loss)	11				
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-	-		14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	-14,818.

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

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-112.
	• 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.			
17	Are lines 15 and 16 both gains?			
	\square No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 			
	☐ 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	(112.)
	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

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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.

2021 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
KAVITHA KAMJULA SANTHOSHI	577-39-4375

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	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Securities LLC	07/11/21	12/31/21	61,466.	57,690.			3,776.	
Robinhood Crypto LLC	07/15/21	12/31/21	45,227.	38,401.			6,826.	
AMERITRADE	08/06/21	12/30/21	42,519.	40,964.	W	2,549.	4,104.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			149,212.	137,055.		2,549.	14,706.	

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.

Form 8949 (2021)		 Attachm	ent Sequ	ence N	Jo 1	12A	F	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side KAVITHA KAMJULA SANTHOSHI

Social security number or taxpayer identification number 577-39-4375

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

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

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) (c) (c) (d) (c) (c) (c) (c) (c) (c) (c) (c) (c) (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.)		in the separate	Code(s) from	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	08/02/20	12/30/21	683.	2,414.			-1,731.
AMERITRADE	10/18/20	12/31/21	13,769.	26,856.			-13,087.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►		14,452.	29,270.			-14,818.	

Note: If you checked Box D 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.

REV 04/01/22 PRO

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents



OMB No. 1545-0074

20 21 Attachment Sequence No. 47

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

Name(s) shown on return	
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Department of the Treasury Internal Revenue Service (99)

Name(s)	shown on return	Your s	ocial s	ecurity number
KAVI	THA KAMJULA SANTHOSHI	577-	-39-	4375
Part	I-A Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	144,059.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555 . . . 2b	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d	. [3	144,059.
4a	Number of qualifying children under age 18 with the required social security number 4a	2.		
b	Number of children included on line 4a who were under age 6 at the end of 2021 4b	0.		
c	Subtract line 4b from line 4a 4c	2.		
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0	· [5	4,000.
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number 6	0.		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid alien. Also, do not include anyone you included on line 4a.	ent		
7	Multiply line 6 by \$500		7	
8	Add lines 5 and 7		8	4,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $\$200,000 \int \dots $. [9	200,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.		10	0
11	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. J	-	10 11	0.
11 12	Subtract line 11 from line 8. If zero or less, enter -0- .		11	0. 4,000.
12	Check all the boxes that apply to you (or your spouse if married filing jointly).	•	12	4,000.
15	A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United Sta	ates		
	for more than half of 2021			
	B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021			
Part	I-B Filers Who Check a Box on Line 13			
Cautio	n: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.	-		
14a	Enter the smaller of line 7 or line 12		14a	0.
b	Subtract line 14a from line 12		14b	4,000.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A		14c	0.
d	Enter the smaller of line 14a or line 14c	· [14d	0.
e	Add lines 14b and 14d	. [14e	4,000.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) receive for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see instructions before entering an amount on this line. If you didn't receive any advance child tax credit payme for 2021, enter -0-	the ents	14f	1,000.
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse	-		
	filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III		14g	3,000.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 14g. This is your credit for other dependents.			
	19 of your Form 1040, 1040-SR, or 1040-NR	-	14h	0.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 your Form 1040, 1040-SR, or 1040-NR		14i	3,000.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 04/01/22 PRO		dule 8	812 (Form 1040) 2021

Schedu	le 8812 (Form 1040) 2021	Page 2
Part	I-C Filers Who Do Not Check a Box on Line 13	
Cautio	n: If you checked a box on line 13, do not complete Part I-C.	
15a	Enter the amount from the Credit Limit Worksheet A	15a
b	Enter the smaller of line 12 or line 15a	15b
	Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.	
	1. You are not filing Form 2555.	
	2. Line 4a is more than zero.	
	3. Line 12 is more than line 15a.	
с	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0	15c
d	Add lines 15b and 15c	15d
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received	
	for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments	
	for 2021, enter -0	15e
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if	
	filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other	
	dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	15g
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your	
	Form 1040, 1040-SR, or 1040-NR	15h
Part		
	n: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.	
	n: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child ta	
16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a
b	Number of qualifying children under 18 with the required social security number: $x \$1,400$.	10
	Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b
17	Enter the smaller of line 16a or line 16b	17
17 18a	Earned income (see instructions)	17
b	Nontaxable combat pay (see instructions)	-
19	Is the amount on line 18a more than \$2,500?	
17	No. Leave line 19 blank and enter -0- on line 20.	
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result \ldots \ldots \ldots \ldots \ldots	20
	Next. On line 16b, is the amount \$4,200 or more?	
	No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line	
	20 on line 27.	
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.	
	Otherwise, go to line 21.	
Part	II-B Certain Filers Who Have Three or More Qualifying Children	
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,	
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see	
	instructions	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form	-
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	
23	Add lines 21 and 22	
24	1040 and	
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a,	
	and Schedule 3 (Form 1040), line 11.	
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	
25	Subtract line 24 from line 23. If zero or less, enter -0	25
26	Enter the larger of line 20 or line 25	26
	Next, enter the smaller of line 17 or line 26 on line 27.	
Part	II-C Additional Child Tax Credit	
27	Enter this amount on line 15c	27
	BAA REV 04/01/22 PRO Sch	edule 8812 (Form 1040) 2021

Schedu	le 8812 (Form 1040) 2021		Page 3
Par	Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)		
28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line	30	
	Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	 Enter the amount shown below for your filing status. Married filing jointly or Qualifying widow(er)—\$60,000 Head of household—\$50,000 		
	• All other filing statuses—\$40,000	33	
34	Subtract line 33 from line 3. If zero or less, enter -0	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0 This is your additional tax. If more than zero, enter		
	this amount on Schedule 2 (Form 1040), line 19	40	
			40.40\ 00.04

REV 04/01/22 PRO BAA

Schedule 8812 (Form 1040) 2021

Form	Farne	ed Income Credit (FIC), Ameri	Diligence Checklist		OMB	No. 1545	-0074		
(Rev. De	ecember 2021) Child Ta	x Credit (CTC) (including the Other Dependents (ODC)), an	Additional Child Tax Credit (ACTC) a d Head of Household (HOH) Filing S	and Status					
	nent of the Treasury ► To be completed	by preparer and filed with Fo	rm 1040, 1040-SR, 1040-NR, 1040-F Instructions and the latest information	PR, or 1040-SS.	Attach Seque	Attachment Sequence No. 70			
	er name(s) shown on return			Taxpayer identi	l fication nu	umber			
KAV	ITHA KAMJULA SANTHOSHI			577-39-4	375				
Enter pr	reparer's name and PTIN			1					
SYA	M PRIYA RAM SAGAR GUPTA			P0208270	3				
Part									
	e check the appropriate box for the e benefit(s) claimed (check all that a		ng status claimed on the return		e the rela		arts I–V HOH		
1	Did you complete the return base			the taxpayer	Yes	No	N/A		
	or reasonably obtained by you? (S	See instructions if relying c	on prior year earned income.)		X				
2	If credits are claimed on the re worksheets found in the Form 10 1040) instructions, and/or the A worksheet(s) that provides the sa claimed?	040, 1040-SR, 1040-NR, 1 OTC worksheet found in	040-PR, 1040-SS, or Schedule the Form 8863 instructions,	e 8812 (Form or your own	X				
3	Did you satisfy the knowledge reative following.								
	 Interview the taxpayer, ask quest determine that the taxpayer is e 			responses to					
	 Review information to determin status and to figure the amount 				X				
4	Did any information provided by information reasonably known to answer questions 4a and 4b. If "N	you, appear to be incorr		nt? (If "Yes,"		X			
а	Did you make reasonable inquiries	s to determine the correct	, complete, and consistent infor	mation? .					
b	Did you contemporaneously doc you asked, whom you asked, wh information had on your preparati	en you asked, the information	ation that was provided, and th	e impact the					
5	Did you satisfy the record retentikeep a copy of your documentatiapplicable worksheet(s), a record 8867 and any applicable worksheet taxpayer that you relied on to de	on referenced in question of how, when, and from eet(s) was obtained, and termine eligibility for the c	4b, a copy of this Form 8867, a whom the information used to p a copy of any document(s) pro redit(s) and/or HOH filing status	a copy of any prepare Form vided by the s or to figure					
					×				
	List those documents provided by	/ the taxpayer, if any, that	you relied on:						
6	Did you ask the taxpayer whether credit(s) and/or HOH filing status return is selected for audit?	s and the amount(s) of a	ny credit(s) claimed on the ret	urn if his/her					
7	Did you ask the taxpayer if any of				X				
'	(If credits were disallowed or re								
а	Did you complete the required red								
8	If the taxpayer is reporting self-er								
Ū	correct Schedule C (Form 1040)?				X				
For Pa	perwork Reduction Act Notice, see s		REV 04/01/22 PRO	· · · · · ·	orm 886	67 (Rev.	12-2021)		

Form 88	367 (Rev. 12-2021)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar	X		
	statement to the return?	X		
Part		-	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quature tuition and related expenses for the claimed AOTC?		Yes	No
Part		s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH fili	ng
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instri	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.			
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and taxpayer's eligibility for the credit (s) and for HOH filing status and taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and taxpayer's eligibility for the credit (s) and for HOH filing status and taxpayer's eligibility for ta			
	If you have not complied with all due diligence requirements, you may have to pay a penalty for e comply related to a claim of an applicable credit or HOH filing status (see instructions for more in the second			
45	Device particulate all of the appropriate on this Form 2007 are to the best of your knowledge, true correspondence	•	Vac	No

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	
	REV 04/01/22 PRO Form 886	57 (Rev.	12-2021)

Form **8959** Department of the Treasury Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.

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

► Go to www.irs.gov/Form8959 for instructions and the latest information.

2021 Attachment Sequence No. 71

OMB No. 1545-0074

Your social security number 577-39-4375

PartII Additional Medicare Tax on Medicare Wages 1 Medicare wages and tips from Form V-2, box 5. ff you have more than one form W-2, enter the total of the amounts from box 5 1 175, 204. 2 Unreported tips from Form W-2, box 5. ff you have more than one form W-2, enter the total of the amounts from box 5 1 176, 204. 3 Wages from Form 8019, line 6 2 4 176, 204. 4 Add lines 1 through 3 5125,000 5 125,000. 5 Single, Head of household, or Cualifying widow(er) \$200,000 5 125,000. 6 Subtract line 5 from line 4.1 zero or less, enter -0. 5 4 461. 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.3% (0.009). Enter here and go to Part line of lowing amount for your filing status: 8 8 6 Self-emptyment income from Schedule SE (Form 1040, PR to I, line 6.1 f you harined filing jeiptity. \$250,000 9 9 11 Subtract line 11 from line 8.1 tzero or less, enter -0. 11 12 12 13 Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 13 14 14 15 Subtract line 11 from line 8.1 tzero or less, enter -0. 15		THA KAMJULA SANTHOSHI	577-39-43	75
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Form 8960

Department of the Treasury

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227 20

5

Attach to your tax return.

	► Attach to your tax return. Revenue Service (99) ► Go to www.irs.gov/Form8960 for instructions and the late	est info	ormation.		A	Attachment Sequence No. 72
	shown on your tax return			Your soci		curity number or EIN
. ,	ITHA KAMJULA SANTHOSHI			577-3		-
Part	I Investment Income Section 6013(g) election (see instructions)		1			
	Section 6013(h) election (see instructions)					
	Regulations section 1.1411-10(g) election (see in	struct	ions)			
1	Taxable interest (see instructions)		-		1	·
2	Ordinary dividends (see instructions)				2	
3	Annuities (see instructions)				3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a				
b	Adjustment for net income or loss derived in the ordinary course of a non- section 1411 trade or business (see instructions)	4b				
С	Combine lines 4a and 4b			[4c	1
5a	Net gain or loss from disposition of property (see instructions)	5a	-1	112.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b				
с	Adjustment from disposition of partnership interest or S corporation stock (see					
	instructions)	5c				
d	Combine lines 5a through 5c				5d	-112.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			🗋	6	
7	Other modifications to investment income (see instructions)				7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7				8	-112.
Part		icatio	ns			
9a	Investment interest expenses (see instructions)	9a		_		
b	State, local, and foreign income tax (see instructions)	9b				
С	Miscellaneous investment expenses (see instructions)	9c				1
d	Add lines 9a, 9b, and 9c				9d	
10	Additional modifications (see instructions)				10	
11	Total deductions and modifications. Add lines 9d and 10				11	
Part						
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, e Estates and trusts, complete lines 18a–21. If zero or less, enter -0 Individuals:				12	0.
13	Modified adjusted gross income (see instructions)	13	144,0	059.		
14	Threshold based on filing status (see instructions)	14	125,0			
15	Subtract line 14 from line 13. If zero or less, enter -0	15		059.		
16	Enter the smaller of line 12 or line 15				16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En on your tax return (see instructions)				17	0.
100	Net investment income (line 12 above)	18a				
18a	Deductions for distributions of net investment income and deductions under	100		_		
b	section 642(c) (see instructions)	18b				
с	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c				
19a	Adjusted gross income (see instructions)	19a				
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b				
С	Subtract line 19b from line 19a. If zero or less, enter -0	19c				
20	Enter the smaller of line 18c or line 19c				20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.1				~	
Far D-	include on your tax return (see instructions)			• •	21	Form 8960 (2021)
FUI Pa	DELWORK DECOGNON ACTIVOTICE, SEE VOULTAX FEITIN INSTRUCTIONS.	KEV	1 04/01/22 PRO			FORTI GETUU (2021)

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

BAA

Additional information from your 2021 Federal Tax Return

Schedule C (IT CONSULTANCY AND SERVICES): Profit or Loss from Business

Line 25	Itemization Statement
Description	Amount
INTERNET	280.
COMMUNICATIONS	560.
Total	840.

Page 1 Due May 1, 2022 Beam Instructions bolics complete copy of your federal tax return and all other required Virginia enclosures. Dates of VIR Residence YOUR (net hame No Your Las Name Out of status Dates of VIR Residence SPOUSE 5 frait Name (the genes 2 = 0) No constructions Dates of VIR Residence Dates of VIR Residence SPOUSE 5 frait Name (the genes 2 = 0) No constructions Dates of VIR Residence Dates of VIR Residence SPOUSE 5 frait Name (the genes 2 = 0) No constructions Dates of VIR Residence Dates of VIR Residence SPOUSE 5 frait Name (the genes 2 = 0) Research (the Residence of Status constructions) Vir Name Dates of VIR Residence Present Part of the	Form 760PY Virginia Pa	art-Year⊺	202 [,] Reside	<mark>1</mark> nt Income ⊺	Гах R	eturn				
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11368 CHAUCER DR Customer D Cr, Tam or Pact Office PELSOO Tam or Pact Office PELSOO Tam or Pact Office 75035 Check Amended Return Applicable Dependent on Another's facture Dependent on Another's facture Earned Income Code Claim on Another's Facture Other are uninsured and authorize the sharing of certain information from Form 780PY and Schedule 780PY ADJ (as described in the instructions) with the Dependent on Another's facture J 1 = Amended, Filing Status Code in box below. J 2 = Married, Filing Status Code in box below. J 2 = Married, Filing Status Code in box below. J 2 = Married, Filing Status Code in box below. J 2 = Married, Filing Status Code in box below. J 2 = Married, Filing Status Code in box below. J 4 = Married, Filing Status Code in box below. Status Code filing Adminication from Form 760PY. 1 = 2 = 1 = 9 7 Big Spouse's Birth Date (mm-d-dyyyy) 1 - 2 - 1 = 1 9 7 R Spouse's Birth Date (mm-d-dyyyy) 1 - 2 - 1 = 1 9 7 R Spouse's Birth Date (mm-d-dyyyy) 1 - 2 - 1 - 1 9 7 R Spouse's Birth Date (mm-ddyyyy) 2 - 0 0 A columint <td></td> <td></td> <td></td> <td></td> <td></td> <td>157-06</td> <td>5-5599</td> <td></td> <td>l</td> <td></td>						157-06	5-5599		l	
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PETESCO Itsue Date (em-45-yyy) State 27 Dote TX 750.35 Operation of Another's Forum Earned Income Credit Claimed on Merchant Seaman Boxes Combined Social Security for You and Space reported as taxable income on Perescal Return We are uninsured and authorize the sharing of cartain information from Form 700PY and Schedule 700PY ADJ (as described in the instructions) with the Department of Merchant States Code in hose below. 00 \$00 If ing Status Ener Filling Status Code in hose below. Exemptions Energy was related as the Column A) 4 Married. Filling Space reports Social Social Number box at top of form and unter Column A) 4 Married. Filling Space Social Social Number box at top of form and unter (Column A) 4 Married. Filling Space Social Social Number box at top of form and unter Solution (Column A) 4 Married. Filling Space Social Social Number box at top of form and unter Solution Number box at top of form and unter Solution (Solution A) 4 Married. Filling Space Social Social Number box at top of form and unter Solution (Solution A) 4 Married. Filling Solution (Column A) 4 Married. Filling Solution (Column A) 4 Married. Filling Solution (Married A) 4 Married. Filling Solution (Marri	City, Town or Post Office									-
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I/we are uninsured and authorize the sharing of certain information from Form 760PY and Schedule 760PY ADJ (as described in the instructions) with the Department of Medical Assistance. I/we are uninsured and authorize the sharing of certain information from Form 760PY and Schedule 760PY ADJ (as described in the instructions) with the Department of Medical Assistance. I/we are uninsured and authorize the sharing of certain information from Form 760PY and Schedule 760PY ADJ. (as described in the instructions) with the Department of Medical Assistance. I/we are uninsured and authorize the sharing of certain holes of the State Schedule form AD - Federal head of household? YES (as described in the instructions) with a Wing in the Schedule of Income first and submit it with your Form 760PY. I/we are uninsured and authorize the Schedule of Income first and submit it with your Form 760PY. I/we are uninsured and authorize the Schedule of Income first and submit it with your Form 760PY. I/we are uninsured and authorize the Schedule of Income first and submit it with your Form 760PY. I/we are uninsured and authorize the Schedule of Income first and submit it with your Form 760PY. I/we are unins filling Status 4 ONIX Other Mone Schedule of Income. Part 1. 00 1/44059 00 I/we are unins filling Status 4 ONIX Otherwise Calibration and attributable to your period of residence in Virginia. 00 1/44059 00 I/we are unins filling Status 4 ONIX Otherwise Calibration and attributable to your period of residence in Virginia. 00 0/44059 00 I/we	Boxes		eturn		redit Clai		eral return		00	
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If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name RAVINDRA MALIREDDY B Spouse Filing Status 4 Only DATE OF BIRTH Your Birth Date (mm-dd-yyyy) 1 1 - 1 9 7 B Spouse's Spouse Filing Status 4 Only Complete the Schedule of Income first and submit it with your Form 760PY. 1 FEDERAL ADJUSTED GROSS INCOME from Schedule of Income, Part 1, Line 7, Column 1 00 144059 00 2 Additions from Schedule 760PY ADJ, Line 3. 2 00 00 00 3 00 144059 00 00 00 00 4 Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Colum A. 4a 00 00 00 5 Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on Cline 14b, Colum A. 6 00 00 00 6 00 00 100 10690 00 10690 00 7 Income, Part 1, Line 9, Column 3. 9 00 10690 00 8 Subtractions from Schedule 760PY ADJ, Line 7. 8 00 0	3 = Married, Filing Sepa					and Spo			2	
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2021	Form 760PY Page 2											
Your N	ame ITHA KAMJULA SANTHOSHI	Your SSN 577-39-4375										
ILAV.	THA RAMOULA SANTHOSHI	511-39-4313		В		Spou	se		Λ	You	nclude Spo	use if
12	Prorated exemption amount from Sched	lulo of Incomo. Part 2. Lino 11		D	Filin	g Status	4 ONLY		Α	Fili	ing Status 2	2
15	See instructions						(00			1398	00
14	Deductions from Schedule 760PY ADJ,	Line 9					(00				00
15	Add Lines 11, 12, 13 and 14						(00			5565	00
16	Virginia Taxable Income. Subtract Lin	e 15 from Line 10.					(00		1:	27804	00
17	Tax amount from Tax Table or Tax Rate	Schedule						00			7091	00
18	Total Tax. Add Line 17, Column A and	Line 17, Column B.						18			7091	00
19a	Your Virginia income tax withheld. Enclo	ose copies of Forms W-2, W-2G,	1099 and VK-	1			1	19a			7200	00
19b	Spouse's Virginia income tax withheld.	Enclose copies of Forms W-2, W	-2G, 1099 and	VK-1	1		1	19b				00
20	Combined 2021 Estimated Tax Paymen	ombined 2021 Estimated Tax Payments										00
21	2020 overpayment credited to 2021 esti	0 overpayment credited to 2021 estimated taxes										00
22	Extension Payment - Enter amount paid	on Form 760IP					2	22				00
23	Tax Credit for Low-Income Individuals of	r Virginia Earned Income Credit f	from Schedule	760F	PY ADJ, L	ine 17	7 2	23				00
24	Total credit for taxes paid to another stat	te from Schedule OSC						24				00
25	Credits from Schedule CR, Section 5, Li	ne 1A					2	25				00
26	Total payments and credits. Add Line	es 19a through 25.					2	26			7200	00
27	If Line 18 is larger than Line 26, enter th	e difference. This is the INCOME		NE				27				00
28	If Line 26 is larger than Line 18, enter th	e difference. This is the OVERP	AYMENT AMC	UNT				28			109	00
29	Amount of overpayment on Line 28 to be	CREDITED TO 2022 ESTIMATE	D INCOME TA	X				29				00
30	Virginia529 and ABLE Contributions from	n Schedule VAC, Section I, Line	96				;	30				00
31	Other Voluntary Contributions from Sche	edule VAC, Section II, Line 14					;	31				00
32	Addition to Tax, Penalty and Interest from	m enclosed Schedule 760PY AD	DJ, Line 21					32				00
33	Sales and Use Tax is due on Internet, ma See instructions.						X	33				00
34	Add Lines 29 through 33							34				00
35	If you owe tax on Line 27, add Lines 27	and 34 - OR - If Line 28 is an ov	erpayment and	d Line	e 34 is lar	ger th	an					
	Line 28, enter the difference. Enclose p Check here if paying by credit or de	ayment or pay at www.tax.virg i ebit card - See instructions	nia.govAN	OUN)WE		35				00
36	If Line 28 is larger than Line 34, subtract L	ine 34 from Line 28		YO	UR REFU	IND	;	36			109	00
	If the Direct Deposit section below is not co	mpleted, your refund will be issued	by check.									1
	T BANK DEPOSIT Your Bank Rout	ting Transit Number	Your Bank Ac	coun	t Number	CI	hecking	3 2	x	Savin	gs 🗌]
	ernational Deposits. 0 5 4 0	0 0 0 3 0 5	3 1 8	5	0 4	2	8 7					
`	Ne) authorize the Department of Taxation to e), the undersigned, declare under penalty		•	•	ree to obt						-	-
and	complete return.		1			5. my						
Your S	ignature		Your Phone Num (847) 85		9546		Date					
Spous	e's Signature (If a joint return, both must sign)		Spouse's Phone				Date					
L												

Preparer's Name	Preparer's Phone Number	Date	
SYAM PRIYA RAM SAGAR GUPTA TALLAM	(678) 965-9522	04-11-2022	
Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC	Preparer's PTIN Vendor Code	Filing Election Code ID Theft PIN	
2530 PEBBLE CREEK LN CUMMING GA 30041	P02082703 1555	7	

2021 VIRGINIA SCHEDULE OF INCOME Form 760PY

Page 1

Your Name			Your SSN
KAVITHA	KAMJULA	SANTHOSHI	577-39-43

PART 1

Income Distribution

75

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

SECTION A			You (Include Spouse if Filing Status 2)						
	SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —		Column A1 Federal Retur	n	Column A2 While VA Resid		Column A3 While NOT VA Res	sident	
1.	Wages, salaries, tips, etc	1	160662	.00	133369	.00	27293	.00	
2.	Interest and dividends	2		.00		.00		.00	
3.	Pension and other income	3	-16603	.00	0	.00	-16603	.00	
4.	Gross income (add Lines 1, 2 and 3)	4	144059	.00	133369	.00	10690	.00	
5.	Adjustments to income: moving expenses	5		.00		.00		.00	
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00	
7.	Federal adjusted gross income (Line 4 less Lines 5 and 6)*	7	144059	.00	133369	.00	10690	.00	
8.	Net fixed date conformity modifications	8		.00		.00		.00	
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8)	9	144059	.00	133369	.00	10690	.00	
	*Enter the amount from Line 7,	Colu	umn A1 on Form	760P	Y, Page 1, Line 1,	Colu	mn A.		

	SECTION B		Enter Spouse	e's li	ncome When Filing Sta	atus 4 Is Claimed
_	SCHEDULE OF INCOME Form 760PY, Column B - Spouse Must Complete Section B if claiming Filing Status 4 -	_	Column B1 Federal Return		Column B2 While VA Resident	Column B3 While NOT VA Resident
1.	Wages, salaries, tips, etc	1	.00	00	.00	.00
2.	Interest and dividends	2	.00	00	.00	.00
3.	Pension and other income	3	.00	00	.00	.00
4.	Gross income (add Lines 1, 2 and 3)	4	.00	00	.00	.00
5.	Adjustments to income: moving expenses	5	.00	00	.00	.00
6.	Other income adjustments (enclose explanation)	6	.00	0	.00	.00
7.	Federal Adjusted gross income (Line 4 less Lines 5 and 6)**	7	.00	00	.00	.00
8.	Net fixed date conformity modifications	8	.0	0	.00	.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8)	9	.00	00	.00	.00

**Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B.

Submit completed Schedule of Income with Form 760PY to avoid delays.

2601301 Rev 06/21



2021 VIRGINIA SCHEDULE OF INCOME Form 760PY

Page 2

Your Name			Your SSN	
<u>KAVITHA</u>	KAMJULA	SANTHOSHI	577-39-4375	

PART 2

Prorated Exemptions Worksheet

If claiming Filing Status 4, complete both the "A" and "B" sections of the schedule. For all other filing statuses, complete only the "A" section.

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 13. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 13, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)

X .504 (Ratio Schedule factor for July 1 move to Virginia)

\$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

Prorated Virginia Personal Exemptions

			Column B Spouse	Column A You
1.	Your exemption	1		1
2.	Dependents	2		2
3.	Add Lines 1 and 2	3		3
4.	Multiply Line 3 by \$930	4		2790
5.	65 or over	5		
6.	Blind	6		
7.	Add Lines 5 and 6	7		
8.	Multiply Line 7 by \$800	8		
9.	Add Lines 4 and 8	9		2790
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions	10		0.501
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13	11		1398

PART 3

Moving Information

ТΧ

1a. If YOU moved into Virginia in 2021, prior state of residence

1b. If YOU moved out of Virginia in 2021, state moved to

2a. If SPOUSE moved into Virginia in 2021, prior state of residence

2b. If SPOUSE moved out of Virginia in 2021, state moved to



2021 Schedule INC/CG 577394375

Report all W-2s, 1099s & VK-1s with VA Withholding

KAVITHA KAMJULA SANTHOS



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
577394375	W	7200.	520904874	30520904874F001	133369.

_		
Total VA Withholding	SSN	VA Withholding
You	577394375	7200.
Spouse		
Total # of W-2s,1099s & VK-1s	01	_

To avoid delays - be sure to enter all information, including the Employer's FEIN.

2021 Schedule FED/CG

	21 Schedule	FED/CG KAMJULA S	SANTHOS			
11	368 CHAUCER	DR				
FR	ISCO	TX	75035	5773	894375 059	
			SCHEDULE C and/or S	CHEDULE F INFO	RMATION	
1.	Schedule Name		First Schedule In	fo. C	Second Schedule	Info.
2.	Gross Receipts or Sales	Г	18480).		Г
3.	Depreciation/Expense D	eduction				
4.	Business Activity Code		518210)		
5.	Business Locality Code					
6.	Car & truck expenses					
7.	Inventory at end of year					
8.	# of miles you used your	vehicle for: Busines	S			
9.	# of miles you used your	vehicle for: Commut	ing			
10.	# of miles you used your	vehicle for: Other				
			SCHEDULE 2	106 INFORMATIO	N	
11.	# of miles you used your	vehicle for: Busines	S			
12.	# of miles you used your	vehicle for: Commut	ing			
13.	# of miles you used your	vehicle for: Other				
14.	% of business use of veh	nicle: Vehicle 1				
15.	% of business use of veh	nicle: Vehicle 2				
			SCHEDULE 45	62 INFORMATIO	N	
16.	Property Used more than Type of Property	n 50% in qualified busi	iness			
17.	Date placed in service					
18.	Business/Investment Use	e %				
19.	Cost or other basis					
20.	Depreciation Deduction					
21.	Elected Section 179 Cos	st				
22.	Business Locality Code	I				I

1555 REV 03/22/22 PRO

1555

Virginia Individual Income Tax e-File Signature Authorization

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

	lf						
KAVITHA KAMJULA SANTHOSHI577-39-4375Spouse's NameA Spouse's Social Security NumPart I Tax Return InformationA Spouse B Yours1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)14402. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)13333. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)12764. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763, Line 18)7005. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)720	lf						
KAVITHA KAMJULA SANTHOSHI577-39-4375Spouse's NameA Spouse's Social Security NumPart I Tax Return InformationA Spouse B Yours1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)14402. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)13333. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)122764. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763, Line 18)7005. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)720	lf						
Spouse's NameA Spouse's Social Security NumberPart I Tax Return InformationA Spouse's Social Security Number1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)14402. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)13333. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)12744. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763, Line 18)7005. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)720	lf						
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) 144 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) 1333 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17) 1274 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763, Line 18) 70 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b) 72							
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) 144 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) 1333 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17) 1274 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18) 70 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b) 72							
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4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18) 7(5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b) 72	69.						
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b) 7:	04.						
	91.						
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)	00.						
	09.						
Part II Declaration of Taxpayer and Signature Authorization Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year er							
December 31, 2021, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.							
Taxpayer's e-File PIN: check one box only							
I authorize the ERO named below to enter my e-File PIN 9 4 3 7 5 as my signature on my 2021 e-filed Virginia individual income tax return.							
GLOBAL TAXES LLC							
ERO Firm Name							
I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	лN						
Your Signature Date							
Spouse's e-File PIN: check one box only							
I authorize the ERO named below to enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Do not enter all zeros							
ERO Firm Name	-						
I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	NN						
Spouse's Signature							
Part III Certification and Authentication – Practitioner PIN Method Only							
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9							
ERO'S EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2021 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.							