



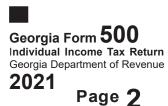
Georgia Form 500 (Rev. 08/02/21) Individual Income Tax Return

Individual Income Tax Return Georgia Department of Revenue 2021 (Approved software version)

Page 1

Fiscal Year Beginning	STATE GA						
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID		0	61472602			
YOUR FIRST NAME 1. GIBSON		МІ	your social s 680-43-	ecurity number 2393			
LAST NAME (For Name Change See IT-5 FOSS	11 Tax Booklet)		SI	JFFIX			
SPOUSE'S FIRST NAME		МІ	SPOUSE'S SOC	IAL SECURITY NUMBER	DEPARTMENT USE ONLY		
LAST NAME			รเ	JFFIX			
ADDRESS (NUMBER AND STREET or P.O. BO) 2. 3833 PEACHTREE RD	K) (Use 2nd address lir	ne for Apt,	Suite or Building I	Number) CHECK IF ADDRES	IS HAS CHANGED		
APT NO 205							
CITY (Please insert a space if the city has mult 3. ATLANTA	iple names)		state GA	ZIP CODE 30319			
(COUNTRY IF FOREIGN)							
4. Enter your Residency Status with the ap	propriate number	·			Residency Status 4. 1		
1. FULL- YEAR RESIDENT 2. PART- YEAR RESI	DENT		то		3. NONRESIDENT		
Omit Lines 9 thru 14 and use Fo	orm 500 Schedu	ıle 3 if y	vou are a par	t-year or nonresid			
5. Enter Filing Status with appropriate le	tter (See IT-511	Tax Bool	(let)		Filing Status 5. A		
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 appro					. Spouse 6c. 1		
7a. Number of Dependents (Enter details of							

PAGES (1-5) ARE REQUIRED FOR PROCESSING





YOUR SOCIAL SECURITY NUMBER 680-43-2393

- 7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

 First Name, MI.

 Last Name
 - Social Security Number Relationship to You

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

Last Name

Relationship to You

Last Name

Last Name

Relationship to You

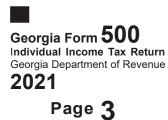
Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

 Federal adjusted gross income (From Federal Form 1040) (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 o W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Sche 	r more, or your gross income is less than	71804 your
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	9.	-300
10. Georgia adjusted gross income (Net total of Line 8 and Line 9)	. 10.	71504
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)	11a.	4600
b. Self: 65 or over? Blind? Total x 1,300=	11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both lines)	. 11c.	4600
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use ite	mized deductions, you must include Feder	al Schedule A.
a. Federal Itemized Deductions (Schedule A- 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 balance	. 13.	66904

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14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	2700
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)	15a.	64204
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)	…15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	64204
16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet)	16.	3519
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	d 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	3519

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

	(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1.	WITHHOLDING TYPE:	1. WITHHOLDING TYPE:	1. WITHHOLDING TYPE:
	X 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 ID NUMBER (FEIN) X SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
	310387920		
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 79989	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5.	ga tax withheld 4162	5. GA TAX WITHHELD	5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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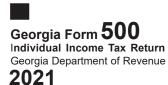
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YOUR SOCIAL SECURITY NUMBER 680-43-2393

1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		1 G2-LP G2-RP 2	(INCOME STATEMENT F) WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	G2-LP G2-RP
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WIT	HHOLDING ID	3. EMPLOYER/PAYER STATE WIT	THHOLDING ID
4.	GA WAGES / INCOME	4. GA WAGES / INCOME		4. GA WAGES / INCOME	
5.	GA TAX WITHHELD	5. GA TAX WITHHELD	4	5. GA TAX WITHHELD	
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s		23.		4162
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G		24.		
25.	Estimated Tax paid for 2021 and Form IT		25.		
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electroni		26.		
27.	Total prepayment credits (Add Lines 23, 2	24, 25 and 26)	27.		4162
28.	If Line 22 exceeds Line 27, subtract Line balance due		28.		
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment		29.		643
30.	Amount to be credited to 2022 ESTIMA	ATED TAX	30.		0
31.	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	31.		
32.	Georgia Fund for Children and Elderly (No gift of less than \$1.00)	32.		
33.	Georgia Cancer Research Fund (No gift	of less than \$1.00)	33.		
34.	Georgia Land Conservation Program (No	o gift of less than \$1.00)	34.		
35.	Georgia National Guard Foundation (No	gift of less than \$1.00)	35.		
36.	Dog & Cat Sterilization Fund (No gift of I	less than \$1.00)	36.		
37.	Saving the Cure Fund (No gift of less th	nan \$1.00)	37.		
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	open (REACH) Program	38.		
		RE REQUIRED FOR	PROCES	SING	

Georgia Form 500 Individual Income Tax Ret Georgia Department of Reve 2021		200411553	YOUR SOCIAL SECURITY NUMBER 680-43-2393
Page 5			
39. Public Safety Memoria	al Grant (No gift of less than \$1.00).		
40. Form 500 UET (Estim	nated tax penalty) 500 UET excep	tion attached 40.	
41. (If you owe) Add Li MAKE CHECK PAYA	nes 28, 31 thru 40 BLE TO GEORGIA DEPARTMENT O	41. F REVENUE	
Amount Due Mail To: GEORGIA DEPARTM PROCESSING CENTE ATLANTA, GA 30374-0	R, PO BOX 740399		
THIS IS YOUR REFU	d) Subtract the sum of Lines 30 thru 40		643
If you do not enter I 42a. Direct Deposit (U.S. Account	Direct Deposit information or if you	u are a first time filer you w	ill be issued a paper check.
Type: Checking X Savings	Routing Number 061000052 Account Number 334054671664		Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER, PO BOX 740380 ATLANTA, GA 30374-0380
and belief, it is true, correct, and Taxpayer's Signature Taxpayer's Date of Dea	(Check box if deceased)	the taxpayer(s), this declaration is ba Spouse's Signature Spouse's Date of Death	sed on all information of which the preparer has knowledge (Check box if deceased)
Taxpayer's Signature D	ate Taxpayer's Pho 706-363-		Spouse's Signature Date
By providing my e-mail addre my account(s). Taxpayer's E-mail Addr	ess I am authorizing the Georgia Department c		at the below e-mail address regarding any updates to I authorize DOR to discuss this return with the named preparer.
			wat are named preparet.
<u>SYAM PRIYA RAM</u> Signature of Preparer	SAGAR GUPTA TALLAM		er's Phone Number -965-9522
Name of Preparer Othe	er Than Taxpayer AM SAGAR GUPT		er's FEIN 1017196
Preparer's Firm Name GLOBAL TAXES	LLC		er's SSN/PTIN/SIDN 082703

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SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW

Line 9 of Page 2 (+ or -) of Form 500 or 500X



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Schedule 1 Page 1

YOUR SOCIAL SECURITY NUMBER 680-43-2393

See IT-511 Tax Booklet

ADDITIONS to INCOME 1. Interest on Non-Georgia Municipal and State Bonds 1. 2. Lump Sum Distributions 2. 3. Reserved..... 3. 4. 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 Schedule 1, page 2 if claiming Retirement Income Exclusion. a. Self: Date of Birth Date of Disability: Type of Disability: 7a. Type of Disability: b. Spouse: Date of Birth Date of Disability: 7b. 8. Social Security Benefits (Taxable portion from Federal return)..... 8. 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 Adjustment Amount Adjustment Amount Adjustment Amount Total 12 13. Total Subtractions (Enter sum of Lines 7-12 here) 13. 14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on

14

300

300

300





2207211523

(TAXPAYER)



YOUR SOCIAL SECURITY NUMBER 680-43-2393

See IT-511 Tax Booklet

(SPOUSE)

SCHEDULE 1 RETIREMENT INCOME EXCLUSION

1. Salary and wages..... 2. Other Earned Income (Losses)..... 3. Total Earned Income..... 4. Maximum Earned 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; enter here 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.

 Single or Married filing separately, \$12,550 Capital gain or (loss). Attach Schedule D in required, the required, check here	E1040	· ·	artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		(99) urn	20	21	OMB No. 154	5-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.
GIBSON FOSS 680-43-2393 If joint return, spouse's first name and middle initial Last name Spouse's social security number Additional control of the security number and street). If you have a P.O. box, see instructions. Apt. no. 205 Check here if you, or your GTUS, town, or post office. If you have a foreign address, also complete spaces below. State GA 30319 Dock here if you, vant S3 togo to finis fund. Checking a togo togo togo togo togo Spouse itemizes on a separate return or you were a dual-status alien Age/Blindess You: Were bom before January 2, 1957 Are blind Spouse togo togo togo togo togo Spouse itemizes on a separate return or you were a dual-status alien Age/Blindess You: 1 7.9,989. Age/Blindess f	Check only	lf yo	u checked the MFS box, enter the n	ame of	-						,		, 0	. , . ,
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 205 38.33 PEACHTREE RD 205 Check here if you, or your Gity, town, or post office. If you have a toreign address, also complete spaces below. State 205 ATLANTA GA 303.19 box below will not change Foreign country name Foreign province/state/country Foreign postal code your tax or refund. Standard Someone can claim: You as a dependent Your your your were a dual-status allen Deduction Spouse itemizes on a separate return or you were a dual-status allen (i) First name Last name Age/Blindness You: Wages, salaries, tips, etc. Attach Form(s) W-2 1 7.9, 989. Attach Ga Ga Dependents, see instructions; 1 1 7.9, 989. Attach Ga Ga Deparation file in tax oredit Credit for other dependent 1 1 7.9, 989. Attach Ga Ga Ga Deparatines transme Deparatine 2b 2b 2b 2b <	Your first name	e and m	iddle initial	Last na	me							Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 3833 EPACHTREE RD 3833 EPACHTREE RD 205 Check here if you, or your spouse if filing jointly, want 53 ATLANTA GA 30319 Foreign country name Foreign province/state/county Foreign postal code You Spouse if filing jointly, want 53 Spouse if filing jointly, want 53 At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Someone can claim: You as dependent Your spouse as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You Were born before January 2, 1957 Is blind Dependents (a) First name Last name Your born before January 2, 1957 Is blind If more from than four dependents (a) First name Last name (a) Social security (b) Chick acredit Credit for dher dependents see instructions	GIBSON			FOSS	3							680-	43-239	3
3833 PEACHTREE RD 205 Check here if you, or your if so pouse if filing jointly, want \$3 City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code so go to this fund. Checking a box below will not change Foreign country name Foreign province/state/county Foreign postal code You it as or refund. You it as or refund. You a dependent You spouse as a dependent You it as or refund. Deduction Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1957 Are blind Dependents (9) First name Last name (2) Social security (3) Relationship (4) If ' it qualifies for (see instructions): If more (1) First name Last name number i i i Attach 2a Social security b Taxable interest 2b i	lf joint return, s	spouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number
Curry control State Carry control	3833 PE	ACHT	REE RD			1	04-	-	:	205		Check	here if you,	or your
Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes Xes Standard Someone can claim: You as a dependent Your say as a dependent Your say as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Yes Xes Dependents (see instructions): (2) Social security (3) Relationship (4) V' if qualifies for (see instructions): If more (1) First name Last name (2) Social security (b) Relationship (a) V' if qualifies for (see instructions): If more (1) First name Last name (2) Social security (b) Relationship (a) V' if qualifies for (see instructions): If more (1) First name Last name (a) Dependents (b) Cricit for other dependents see instructions (a) Advitations Aa (b) Taxable amount (b) Cricit for other dependents Attach 2a b Datable interest 2b 2b Standard Qualified dividends Ba		DOST OTH	ce. If you have a foreign address, also co	omplete s	paces be	IOW.						to go to	this fund.	Checking a
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Deduction Someone can claim: You as a dependent You repose as a dependent Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Dependents, (see instructions): (I) First name Last name number (I) Affire there dependents if more than four dependents, see instructions: (I) First name Last name Image: Charlen Control (Charlen Control):									-					•
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Dependents (see instructions): (a) Relationship (b) I rist name (b) I rist name (c) I redult for other dependents If more than four (b) First name Last name (c) Relationship (c) I redult for other dependents see instructions Immober (c) Social security (a) Relationship (c) I redult for other dependents and check Immober Immober Immober Immober Immober Attach 2a Tax-exempt interest 2a Immober Immober Immober Standard Immober Immober Immober Immober Immober Immober Immober Standard Immober Immober <td></td> <td>y name</td> <td></td> <td></td> <td>-oreign pi</td> <td>rovince/stat</td> <td>e/coum</td> <td>ly</td> <td>Forei</td> <td>jn postal</td> <td>code</td> <td>your ta</td> <td>_</td> <td>_</td>		y name			-oreign pi	rovince/stat	e/coum	ly	Forei	jn postal	code	your ta	_	_
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) V if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name (2) Social security (3) Relationship (4) V if qualifies for (see instructions): Add check (1) First name Last name (2) Social security (3) Relationship (4) V if qualifies for (see instructions): and check (1) First name Last name (2) Social security (3) Relationship (4) V if qualifies for (see instructions): Attach 2 Marges, salaries, tips, etc. Attach Form(s) W-2 1 79, 989. Attach 2a Datable interest 2b 2b Standard Qualified dividends 3a Do annu dividends 3b De traxable amount 4b Standard Obdeuction for 6a Social security benefits 6a Datable amount 6b Datable amount <td>At any time du</td> <td>uring 20</td> <td>021, did you receive, sell, exchange</td> <td>, or othe</td> <td>rwise di</td> <td>spose of a</td> <td>ny fina</td> <td>ancial interest</td> <td>in any</td> <td>virtual o</td> <td>curre</td> <td>ncy?</td> <td>Yes</td> <td>X No</td>	At any time du	uring 20	021, did you receive, sell, exchange	, or othe	rwise di	spose of a	ny fina	ancial interest	in any	virtual o	curre	ncy?	Yes	X No
Dependents (see instructions): (2) Social security number (3) Relationship (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name (2) Social security number (3) Relationship (4) ✓ if qualifies for (see instructions): Child tax credit Credit for other dependents, see instructions (1) First name (1) First name <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>				•				•						
If more than four dependents, see instructions and check Last name number to you Child tax credit Credit for other dependents see instructions and check	Age/Blindnes	s You:	Were born before January 2, 1	957	Are b	lind S	pouse	: 🗌 Was b	orn bef	ore Janı	uary 2	2, 1957	ls b	lind
If more 1<	Dependent	s (see	instructions):		(2) 5		ity		ship	(4)	/ if q	ualifies fo	r (see instru	ictions):
dependents, see instructions and check here Image: searer - 0 in the second		(1) F	irst name Last name		number to you			Child	Child tax credit		Credit for ot	her dependents		
see instructions Image: constructions and check Image: constructions and check here b Image: constructions and check Image: constructions and check Image: constructions and check Attach 2a Tax-exempt interest Image: constructions and constructions anot constructions anot constructions and constructions and constru														ᆜ
here Attach Sch. B if ag Qualified dividends required. 4a Ba Qualified dividends 4a Ba ag Qualified dividends 4a Ba ag Qualified dividends 4a Ba Ba Capital gain or (loss). Attach Schedule D if required. If not required, check here 5a Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 7 7 9 7 7 7 8 0ther income from Schedule 1, line 10 9 7 7 7 7 7 7 8 9 9 10 11 11 12a 12a 12a 12a 12a 12a 12b 10 11 11 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12b		s —												<u> </u>
Attach 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 79,989. Attach 2a b Tax-exempt interest 2a 2b Sch. B if 3a Qualified dividends 3a b Taxable interest 2b Attach 3a Qualified dividends 3a b Taxable interest 2b Attach 3a Qualified dividends 3a b Taxable amount 3b Standard 5a Pensions and annuities 5a 5a b Taxable amount 5b Standard 6a Social security benefits 6a b Taxable amount 5b Married filing separately, sil2,550 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 -185. 8 Other income from Schedule 1, line 26 10 10 10 9 71, 8044. 11 71, 8044. 11 71, 804. 9 71, 8044. 11 71, 804. 11 71, 804. 9 71, 804. 11 71, 804. 12a 12, 550. 12b <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>														
Attach 2a Tax-exempt interest 2a Sch. B if 3a b required. 4a BRA distributions 3a BRA distributions 4a b Taxable amount 5a Pensions and annuities 5a Pensions and annuities 5a Pensions and annuities 5a Pensions and annuities 6a Social security benefits 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -185. 8 Other income from Schedule 1, line 10 9 71, 804. 9 71, 804. 9 71, 804. 9 71, 804. 9 11 71, 804. 9 71, 804. 9 71, 804. 9 71, 804. 9 71, 804. 9 71, 804. 9 71, 804. 9 11 10 11 11, 804. 12a 12, 550. 12 12, 850. 13<		4	Magaa colorias ting ata Attach	- a rm (a) \	N 0							4	<u> </u>	
Sch. B if a Qualified dividends a required. 4a b Ga b Standard Deduction for Obdeuction for • Single or Married filing separately, \$10 • Single or Married filing introduction for • Single or Married filing separately, \$25,100 • Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$12 Standard deduction or itemized deductions (from Schedule A) 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12a 12b 13 14 14 15 15 <	Attach	<u> </u>			vv-2 .	· · ·	 ь т	· · · ·			·			/9,909.
4a IRA distributions 4a b 5a b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -185. 8 Other income from Schedule 1, line 10 8 -8,000. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 71,804. 10 Adjustments to income from Schedule 1, line 26 10 10 11 Subtract line 10 from line 9. This is your adjusted gross income 11 71,804. Vidowier, \$25,100 b Charitable contributions if you take the standard deduction (see instructions) 12a 12,550. 12 12,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,850. 14 Add lines 12c and 13 <	Sch. B if		· · –							• •	•			
5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b Single or Married filing separately, \$12,550 8 Other income from Schedule 1, line 10 10 7 -185. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 71, 804. 9 0 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 10 10 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 10 10 255, 00. 9 71, 804. 10 11 71, 804. 10 11 71, 804. 12a Standard deduction or itemized deductions (from Schedule A) 12a 12, 550. 11 12a Standard deduction or itemized deduction (see instructions) 12b 300. 12c 12, 850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 850. 14 12, 850. 14 12, 850. 15 15 14 12, 850.	required.							-			·			
Standard Deduction for - 6a Social security benefits			-											
Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here > > 7 -185. • Single or Married filing separately, \$12,550 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income > > 9 71, 804. • Married filing jointly or Qualifying widow(er), \$25,100 10 Adjustments to income from Schedule 1, line 26 > > 10 12a Standard deduction or itemized deductions (from Schedule A) 11 71, 804. 10 • Head of household, \$18,800 • Capital business income deduction from Form 8995 or Form 8995-A 12a 12c 12, 850. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 850. 15 Taxable income Subtract line 14 from line 14 from line 11 If zero or less enter -0- 15 58, 954	Standard	\												
 Single or Married filing separately, \$12,550 Married filing jointly or Qualifying widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard If Taxable income Subtract line 14 from line 11 If zero or less enter -0- If Taxable income Subtract line 14 from line 11 If zero or less enter -0- 	Deduction for –	7		dule D if	f require	d. If not re	quired	, check here						-185.
\$12,550 9 Add lines 1, 25, 30, 40, 50, 60, 7, and 8. This is your total income 9 71, 804. • Married filing jointly or Qualifying widow(er), \$25,100 10 Adjustments to income from Schedule 1, line 26 10 • Head of household, \$18,800 12a Standard deduction or itemized deductions (from Schedule A) 11 71, 804. • Head of household, \$18,800 • • 12a 12, 550. 12b 300. • Head of household, \$18,800 • • 12a 12, 550. 12c 12, 850. • Head of household, \$18,800 • • 13 12c 12, 850. • If you checked any box under Standard • • • 13 14 12, 850. • Add lines 12c and 13 • • • • • 13 • • • • • • • • 14 12, 850. •		8						· 				. 8		-8,000.
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 Head of household, \$18,800 If you checked any box under Standard Add lines 12c and 12b	widow(er), \$25,100	12a	Standard deduction or itemized	deduct	i ons (fro	m Schedu	le A)	1	2a	12	,550	Ο.		
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Standard 14 Add lines 12c and 13 12,850. Deduction, 15 Taxable income Subtract line 14 from line 11 If zero or less enter -0- 15 58,954	 If you checked 	13	Qualified business income deduct	ion from	Form 8	995 or For	m 899	5-A				. 13		
Deduction, see instructions. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Standard	14												
		15	Taxable income. Subtract line 14	from lin	e 11. lf z	zero or les	s, ente	r-0		• •		. 15	5 .	58,954.

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

Form **1040** (2021)

Form 1040 (2021	1)								Page 2
	16	Tax (see instructions). Check i	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	8,723.
	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	8,723.
	19	Nonrefundable child tax cred	lit or credit for o	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	8,723.
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is y	our total tax				. 🕨	24	8,723.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 13	,346.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c .						25d	13,346.
If you have a	26	2021 estimated tax payments						26	
qualifying child,	27a	Earned income credit (EIC) .			NO	27a			
attach Sch. EIC.		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least ag							
	b	Nontaxable combat pay elec		1 1					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or		L	Schedule 8812	28			
	29	American opportunity credit f				29			
	30	Recovery rebate credit. See i				30		-	
	31	Amount from Schedule 3, line				31		1	
	32	Add lines 27a and 28 through					lits 🕨	32	
	33	Add lines 25d, 26, and 32. Th		•				33	13,346.
Defined	34	If line 33 is more than line 24						34	4,623.
Refund	35a							35a	4,623.
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here $ \blacktriangleright \square$ Routing number $0 6 1 0 0 0 0 5 2 $ $\blacktriangleright c$ Type: X Checking Savings							
See instructions.	►d	Account number 3 3 4 0 5 4 6 7 1 6 6 4							
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract I					. ►	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another							
Designee		structions	•			. —	omplete k	below.	X No
-		signee's		Phone			onal identi		
	nai	me 🕨		no. 🕨		numb	ber (PIN)	<u>• [</u>	
Sign		der penalties of perjury, I declare the ief, they are true, correct, and comp							
Here									, ,
	YO	Your signature		Date Your occupation				it you an Identity N, enter it here	
Joint return?					SOFTWARE	ENGINEER		inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupa	tion			it your spouse an
Keep a copy for your records.	•								ection PIN, enter it here
your rooordo.							(see	inst.) 🕨	
		one no. (706)363-5522		Email address	GIBSONFSS	@GMAIL.COM	DTIN		0
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAN	1 04/14/2022	P0208		Self-employed
Use Only		m's name ► GLOBAL TAX			- 07 20041				678)965-9522
		m's address ► 2530 Pebbl		n Cummin	-		Firm	's EIN ►	
Go to www.irs.ge	ov/Forn	n1040 for instructions and the lates	t information.		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

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

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

OMB No. 1545-0074
2021
Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soc	al security number
GIBSON FOSS	680-43	-2393

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	· · · · · · · ·	1	
2a	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	-8,000.
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	01-		
	property	8k	-	
1	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) .	8р		
z	Other income. List type and amount ►			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	-8,000.
			-	5,0001

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

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 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)		
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 violations24i		
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 ► 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 04/01/22 PRO