Department of the Treasury Calendar Year — Internal Revenue Service

Due 04/18/2022

2022 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

5-180.

REV 04/01/22 PRO

1555

730-26-9440 SHARON CHETTUPALLY

1866 E FIR AVE #203 FRESNO CA 93720

Department of the Treasury Calendar Year — Internal Revenue Service

Due 06/15/2022

2022 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

5-180.

REV 04/01/22 PRO

1555

730-26-9440 SHARON CHETTUPALLY

1866 E FIR AVE #203 FRESNO CA 93720

Department of the Treasury Calendar Year — Internal Revenue Service

Due 09/15/2022

2022 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

5-180.

REV 04/01/22 PRO

1555

730-26-9440 SHARON CHETTUPALLY

1866 E FIR AVE #203 FRESNO CA 93720

Department of the Treasury Calendar Year — Internal Revenue Service

Due 01/17/2023

2022 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

5-180.

REV 04/01/22 PRO

1555

730-26-9440 SHARON CHETTUPALLY

1866 E FIR AVE #203 FRESNO CA 93720

Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Special security number Special security number Spouse's name Spouse's ocial security number Spouse's number	Submi	ission Identification Number (SID)		-		
Spouse's social security number	Taxpaye	er's name	Social securit	y numl	per	
Part II Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1	SHAI	RON CHETTUPALLY	730-26-	-944	0	
Enter whole dollars only on lines 1 through 5. Note: Form 10:40-SS files use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1	Spouse'	's name	Spouse's soc	ial sec	urity numb	er
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 5 56, 998. 4 Amount you want refunded to you 4 1, 825. 5 Amount you want refunded to you 9 Taxtu Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing and the best of return (original or amended) I am now authorizing and the best of the penalties of perjury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (FERO) for send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the responsible of the payment of electronic return originator (FERO) for payment of originator (FERO) and the processing the return or return, 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 (cifert debt) entiry to the financial institution account indicated in the preparation software payment of region of my federal taxes oved on this suturn and/or a payment of estimated tax, and the financial institutions to debt the entry to the payment. If the treat is the substitution is revoke (cancel) as a substitution of my federal taxes oved on this suturn and/or a payment of estimated tax, and the financial institutions involved in the processing of the electronic payment of the payment. If substitution is the payment is the payment is the substitution and the payment is the payment. If under the payment is the payment	Part	Tax Return Information — Tax Year Ending December 31, 2021 (Ente	_ er year you a	re au	thorizin	g.)
1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 4 Amount you want refunded to you 4 1, 825. 5 Amount you own 5 Amount you want refunded to you 4 1, 825. 5 Amount you own 6 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalities of perjury, 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 bellef, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the lest of my knowledge and bellef, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the lest of my return (original or amended) I am now authorizing, consent to allow my return to the IRS (a) an acknowledgement of receipt or reason for rejection 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 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 or any deskip in processing the return or return, and (c) the date of any return of Irginator the U.S. Treasury and its designated Financial results of the processing and the Irginator (ERO) to send effect until I notify the U.S. Treasury Financial Agent to terminate the authorizon. To revoke (cannel) a payment of my financial return or return and in the Irginator (ERO) to submissed any prior to the payment feethermship to the submissed and the Irgination involved in the processing or to the payment feethermship to the Irginator and the Irgination or received confederable information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the preparent in Processing the Irginator and Irginator (ERO) the Irginator and Irginator (ERO) the Irginator (ERO) the Irgi	Enter	whole dollars only on lines 1 through 5.				
2 59,741. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 56,998 4 Amount you want refunded to you 4 1,825 5 Amount you owe 4 1,825 5 Amount you want refunded to you or feet with refunded to you 4 1,825 5 Amount you want refunded to you refunded to you had to receive for the remainstance of the team refunded to you refunded to you refunded to refunded to refunded to you refunded to refunded to refunded to you refunded to you refunded to refunded to you refunded to terminate the authorization. To revoke (cancel) a untraffect was to refund to refunded to the processing of the electronic payment for the	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
A Amount you want refunded to you	1	, ,		1		
Amount you want refunded to you Amount you want refunded to you Samount you owe Part Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perlips, 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 whowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are mounts 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 (RFD) Samount or to the IRS and to receive from the IRS (a) an activative declare that the amounts in Part I above are mounts from the income tax return (original or amended) I am now authorizing, and to the best of send my return to the IRS and to receive from the IRS (a) an activative of electronic return originator (RFD) in the reason of the part of the send of the part					5	9,741.
Amount you owe Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, 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, 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, and to the designation of the list of the practitioner PIN method Returns or the list of the practitioner PIN method Returns on the income tax return (original or amended) I am now authorizing. Amount you owe I have examined a copy of the income tax return (original or amended) I am now authorizing and the designation of the practitioner PIN method and Pub. 1345, Handbook Por Valence Tax Peturns. Barbara Part PiN Method Returns or the income tax return (original or amended) I am now authorizing and in the practition or the price of the payment of the practition or the price or the payment (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's pin: check one box only Authorize Date Date				<u> </u>		
Under penalties of perjury, I declare that I have examined acopy of the income tax return (original or amended) I am now authorizing, and to the beat of your processing the return or refund, 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, and to the beat of considerable and the processing the return or refund, and (c) the date of any refund. I respictively in the processing the resum or refund, and (c) the date of any refund. I respictively in the IPS and to receive from the IPS (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. I respictively, a through the processing the resum or any processing the return or refund, and (c) the date of any refund. I resplicable, it althorizes the U.S. Treasury florational Agent to terminate the authorization sequents may be received to the account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at a sea and to requests must be received not later than 2 business days prior to the payment (estitement) date. I also authorize the financial institutions involved in the processing of the electronic payment of traces or receive confidential information necessary to answer inquiries and resolve issues related to the payment of the electronic payment of the resonance of 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						1,825.
Under penalties of perjun; 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 bellet, it is true, correct, and complete. I clitther declare that the amounts in RP1 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, (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 clidred teldpid entry to the financial institution account indication oscilation or payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution 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 in the tex that is a constant in the constant of the U.S. Treasury Financial Agent at 1-888-839-4537. 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 provide (cancel a payment, I must contact the U.S. Treasury Financial Agent at 1-888-839-4537. 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 provide (cancel apayment) date and the payment of 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. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must comple				_		
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 original or fire? I provide the provided of the						
Taxpayer's PIN: check one box only	to send for any Agent t payment authoric payment business taxes t person	d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rest delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the lot initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in not of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina th, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rest days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the lal identification number (PIN) below is my signature for the income tax return (original or amended) I	ejection of the tr U.S. Treasury andicated in the te- tion to debit the te the authorizanguests must be processing of payment. I furt	ansmin ax preparently entry ation. The ereceing the elections	ssion, (b) designate paration s to this acronic revoke ved no la ectronic recknowled	the reason d Financial oftware for count. This (cancel) a ater than 2 payment of ge that the
I authorize GLOBAL TAXES LLC to enter or generate my PIN 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 PIN: check one box only ☐ I authorize						٦
ERO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶ Date ▶ Spouse's PIN: check one box only I authorize to enter or generate my PIN I authorize as my 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 — 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 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	· -		5IN 6	9 4	4 4 0	
isignature 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 ▶	X		ř Ent			:
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			doi	n't ente	er all zeros	
Spouse's PIN: check one box only		if you are entering your own PIN and your return is filed using the Practitioner PIN met				
Lauthorize	Your s	signature ▶ Date ▶				
Lauthorize	Spous	se's PIN: check one hox only				_
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 ☐ Practitioner PIN Method Returns Only—continue below 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. ☐ Selected PIN. ☐ Selected P		_	my PIN			as my
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 ▶ Practitioner PIN Method Returns Only—continue below 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. I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions			_	ter five	digits, but	
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 — 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 Don't enter all zeros 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 ▶		signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	
Practitioner PIN Method Returns Only—continue below 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. S 8 7 2 7 8 6 1 9 8 9		if you are entering your own PIN and your return is filed using the Practitioner PIN met				
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. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	Spous	se's signature ▶ Date ▶				
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 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature Date ERO Must Retain This Form — See Instructions		•	v			
Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	Part	III Certification and Authentication — Practitioner PIN Method Only				
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 <i>e-file</i> Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5	3 7 2 7	8 6	1 9	8 9
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 <i>e-file</i> Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions			Don't ente	er all ze	eros	
ERO Must Retain This Form — See Instructions	authori	ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sub	mitting this retu	ırn in a	accordance	
ERO Must Retain This Form — See Instructions	ERO's	s signature ▶ Date ▶				
			D . C			

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

SHARON CHETTUPALLY 730-26 If joint return, spouse's first name and middle initial Last name Spouse's s 114-90	al security number 6-9440 social security number 0-3296 ial Election Campaign
If joint return, spouse's first name and middle initial Last name Spouse's s 114-90	social security number 0 – 3 2 9 6 ial Election Campaign
114-90	0-3296 ial Election Campaign
	ial Election Campaign
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidentia	
1866 E FIR AVE #203 Check her	re ii you, or your
	filing jointly, want \$3
	his fund. Checking a will not change
Foreign country name Foreign province/state/county Foreign postal code your tax of	
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?	Yes X No
Standard Someone can claim: You as a dependent Your spouse as a dependent	
Deduction ☐ Spouse itemizes on a separate return or you were a dual-status alien	
Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957	☐ Is blind
Dependents (see instructions): (2) Social security (3) Relationship (4) ✓ if qualifies for (s	see instructions):
If more (1) First name Last name number to you Child tax credit Credit Credit (1) Credit (2) Credit (2) Credit (3) Credit (3) Credit (4) Credit	redit for other dependents
than four	
dependents, see instructions	
and check	
here ▶ □	
	268,576.
Attach 2a Tax-exempt interest 2a b Taxable interest 2b	
Sch. B if required. 3a Qualified dividends 3a b Ordinary dividends	
4a IRA distributions 4b	
5a Pensions and annuities 5a b Taxable amount 5b	
Standard 6a Social security benefits 6a b Taxable amount 6b	
Deduction for 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ 7	-1,500.
Single or Married filing 8 Other income from Schedule 1, line 10	-15,000.
separately, \$12,550 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9	252,076.
Married filing 10 Adjustments to income from Schedule 1, line 26	
jointly or Qualifying 11 Subtract line 10 from line 9. This is your adjusted gross income	252,076.
widow(er), \$25,100 Standard deduction or itemized deductions (from Schedule A) 12a 12,550.	
b Charitable contributions if you take the standard deduction (see instructions) 12b 300.	
household, \$18,800 c Add lines 12a and 12b	12,850.
If you checked 13 Qualified business income deduction from Form 8995 or Form 8995-A	
any box under Standard 14 Add lines 12c and 13	12,850.
Deduction, see instructions. see instructions.	239,226.

Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid Preparer Use Only	Ins Des nar Unr bel You Spo	Estimated tax penalty (see in you want to allow another tructions	person to discu	Phone no. Phone no. Phone preparer (other Date Email address re	rn with the IRS? di accompanying scher than taxpayer) is baryour occupation SOFTWARE IS Spouse's occupat	See Published See See See See See See Sedules and state ased on all info SENGINEER ion SENGINEER Date Date	Personal iden number (PIN) Itements, and treation of white Pro (see If the Ide (see I. COM PTIN 122 P0208	below. tification to the besch prepar tie IRS set tection Pe te inst.) tie IRS set tection Pe tinst.) tie IRS set tection Pe tinst.)	er has any nt you an lo IN, enter it nt your spoection PIN, Check if:	knowledge. dentity here
You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid	Do ins Deen Undel You Spot	you want to allow another tructions	person to discu	Phone no. Phone no. Phone preparer (other Date Email address re	rn with the IRS? di accompanying scher than taxpayer) is baryour occupation SOFTWARE IS Spouse's occupat	See Published See See See See See See See See Sed See See	Personal iden number (PIN) attements, and if the proof (see If the Ide (see Inc.).	below. tification to the besch preparate IRS seitection Pe inst.) te IRS seinst.)	st of my kn er has any nt you an lo IN, enter it nt your spo ection PIN, Check if:	knowledge. dentity here wise an enter it here
Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records.	Do ins De: nar Unibel You Spo	you want to allow another tructions	person to discu	Phone no. Phone no. Phone no. Date Email address	rn with the IRS? d accompanying scher than taxpayer) is bare Your occupation SOFTWARE I	See Published See See See See See See See Sed See See	Personal iden number (PIN) atements, and formation of which which will be a considered by the constant of the	below. tification to the besch prepar tie IRS settection Perions.) tie IRS sentity Proteins.	st of my kn er has any nt you an lo IN, enter it int your spo	knowledge. dentity here use an
You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for	Do ins Des nar Undel You	you want to allow another tructions	person to discu	Phone no. P I this return and preparer (other Date	rn with the IRS? d accompanying scher than taxpayer) is bare Your occupation SOFTWARE I	See Published See	Personal iden number (PIN) atements, and from the production of which is the production of the product	below. tification to the besch prepar tie IRS settection Perions.) tie IRS sentity Proteins.	st of my kn er has any nt you an k IN, enter it	knowledge. dentity here use an
You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for	Do ins De: nar Uni bel	you want to allow another tructions	person to discu	Phone no. Phone preparer (other Date	rn with the IRS? d accompanying schr than taxpayer) is bar Your occupation SOFTWARE I	See Yee edules and states as as as a sed on all info	Personal iden number (PIN) tements, and treation of which the pro-	below. tification to the besch prepar tie IRS settection Perions.) tie IRS sentity Proteins.	st of my kn er has any nt you an k IN, enter it	knowledge. dentity here use an
You Owe Third Party Designee Sign Here Joint return? See instructions.	Do ins De: nar Uni bel	you want to allow another tructions	person to discu	Phone no. Phone preparer (other Date	rn with the IRS? d accompanying schr than taxpayer) is bar Your occupation SOFTWARE I	See Yee edules and states as as as a sed on all info	Personal iden number (PIN) atements, and from the reaction of which the reaction of the re	below. tification to the besch preparate IRS settection Period inst.)	et of my kn er has any nt you an lo IN, enter it	knowledge. dentity here
You Owe Third Party Designee Sign Here	Do ins Des nar Und bel	you want to allow another tructions	person to discu	Phone no. Ithis return and preparer (other	rn with the IRS? accompanying sch than taxpayer) is ba Your occupation	See Yee edules and sta	es. Complete Personal iden number (PIN) Itements, and to rmation of white Pro	below. tification to the besch preparate IRS set	st of my kn er has any nt you an lo	knowledge. lentity
You Owe Third Party Designee Sign	Do ins Des nar Und bel	you want to allow another tructions	person to discu	Phone no. Ithis return and preparer (other	rn with the IRS?	38 See ▶ Ye	es. Complete Personal iden number (PIN) Itements, and to rmation of whice	below. tification to the besch preparate IRS set	st of my kn er has any nt you an lo	knowledge. lentity
You Owe Third Party Designee Sign	Do ins Des nar Und bel	you want to allow another tructions	person to discu	Phone no. Ithis return and preparer (other	rn with the IRS?	38 See ▶ Ye	es. Complete Personal iden number (PIN) Itements, and t	below. tification to the besch prepar	st of my kn er has any	knowledge.
You Owe Third Party Designee	Do ins De: nar	you want to allow another tructions	person to discu	Phone no. ►	rn with the IRS?	38 See ▶ Ye	es. Complete Personal iden number (PIN)	below. tification to the bes	st of my kn	
You Owe Third Party	Do ins	you want to allow another tructions	person to discu	uss this retur	rn with the IRS?	38 See	es. Complete Personal iden	below.	⊠ No	
You Owe Third Party	Do	you want to allow another tructions	person to discu	uss this retur	rn with the IRS?	38 See	es. Complete	below.	X No	
You Owe Third Party	Do	you want to allow another	person to discu	uss this retur	▶ rn with the IRS?	38 See			X No	
You Owe)	38		O1		
	30		ctructions)			1 1		07		
A 100 O I I	37	Amount you owe. Subtract			s on now to pay, s	see instructio	ons .	34/	1	
	36	Amount you awa Subtract				36	ne 🕨	37		
	► a	Account number 7 3 2			d tou	00				
Direct deposit? See instructions.	▶b	Routing number 1 2 1			▶ c Type: 🔀	Checking	Savings			
D	35a	Amount of line 34 you want I						35a		1,825.
Refund	34	If line 33 is more than line 24						34		1,825.
	33	Add lines 25d, 26, and 32. T						33		1,566.
	32	Add lines 27a and 28 throug						32		4,568.
	31	Amount from Schedule 3, lin				31	4,568			
	30	Recovery rebate credit. See				30				
	29	American opportunity credit				29				
	28	Refundable child tax credit or	additional child ta	ax credit from	Schedule 8812	28				
	С	Prior year (2019) earned inco								
	b	Nontaxable combat pay elec								
		taxpayers who are at least a	ge 18, to claim the	e EIC. See in						
		January 2, 2004, and you	satisfy all the	other requi	rements for					
attach Sch. EIC.	ZIA	Check here if you were b				214				
If you have a qualifying child,	26 27a	Earned income credit (EIC)		•		27a		20		
	d 26	Add lines 25a through 25c 2021 estimated tax payment						25d 26	5	J, JJO.
	C C	Other forms (see instructions	•			25c	130		 	5,998.
	b	Form(s) 1099				25b	120			
	a	Form(s) W-2				25a	56,868	-		
	25	Federal income tax withheld					FC 0C0			
	24	Add lines 22 and 23. This is					•	24	5	9,741.
	23	Other taxes, including self-en						23		1,468.
	22	Subtract line 21 from line 18						22		3,273.
	21	Add lines 19 and 20						21	_	
	20	Amount from Schedule 3, lin						20		
	19	Nonrefundable child tax cred	lit or credit for oth	her depender	nts from Schedule	8812 .		19		
	18	Add lines 16 and 17						18	5	3,273.
	17	Amount from Schedule 2, lin	e3					17		
	16	Tax (see instructions). Check	if any from Form(s	s): 1 💹 8814	4 2 📙 4972	3 🔲		16	5	3,273.

Form 1040 (2021)

Page **2**

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

SHARON CHETTUPALLY

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

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

Your social security number 730-26-9440

Par	Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes	8		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, truschedule E			5	-15,000.
6	Farm income or (loss). Attach Schedule F \ldots			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			
ī	Olympic and Paralympic medals and USOC prize money (see	OK	\neg		
	instructions)	81			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
0	Section 461(I) excess business loss adjustment	80			
р	Taxable distributions from an ABLE account (see instructions) .	8p			
Z	Other income. List type and amount ▶	8z			
9	Total other income. Add lines 8a through 8z			9	
0	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		R, or	10	-15 000

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
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)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24 g		
h	,	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24 j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

► 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. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number 730-26-9440 SHARON CHETTUPALLY Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment, Attach Form 8962 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17... 3 Part II **Other Taxes** 4 Self-employment tax. Attach Schedule SE 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 5 Uncollected social security and Medicare tax on wages. Attach 6 6 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 9 10 Repayment of first-time homebuyer credit. Attach Form 5405 if required 10 11 11 1,468. 12 12 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life 13 14 Interest on tax due on installment income from the sale of certain residential lots 14 Interest on the deferred tax on gain from certain installment sales with a sales price 15 15 Recapture of low-income housing credit. Attach Form 8611 16 16

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

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		
	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		
- 1	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		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
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 23b		21	1,468.

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

2021

Attachment Sequence No. 03

Department of the Treasury Internal Revenue Service

SHARON CHETTUPALLY

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

Your social security number 730-26-9440

art	Nonrefundable Credits			
	Foreign tax credit. Attach Form 1116 if required		1	
	Credit for child and dependent care expenses from Form 244	, line 11. Attach		
	Form 2441		2	
	Education credits from Form 8863, line 19		3	
	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
3	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a	-	
b	Credit for prior year minimum tax. Attach Form 8801	6b	_	
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6ј		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	61		
Z	Other nonrefundable credits. List type and amount ▶			
_		6z		
	<u> </u>		7	
	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20	-SH, or 1040-NR,	8	
				ued on pag

Schedule 3 (Form 1040) 2021 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	4,568.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
Z	Other payments or refundable credits. List type and amount ▶	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	4,568.

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► 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.

Name(s) shown on return Your social security number 730-26-9440 SHARON CHETTUPALLY

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 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 7,294. 10,961. -3,667.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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -3,667.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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -3,667.• 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 • 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? ☐ **Yes.** Go to line 18. 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 1,500.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Part I

Sales and Other Dispositions of Capital Assets

2021

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.

Attachment Sequence No. 12A

OMB No. 1545-0074

SHARON CHETTUPALLY

Social security number or taxpayer identification number

730-26-9440

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.

instructions). For long-term transactions, see page 2.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) from column (d) and and see Column (e. (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions Robinhood Securities LLC 01/01/21 12/31/21 7,294. 10,961. -3,667.2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

7,294.

-3,667.

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) ▶

10,961.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

2021
Attachment
Sequence No. 13

OMB No. 1545-0074

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

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

Attachment Sequence No. 13 Your social security number

	ON CHETTUPALLY								30-26-9		
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Note	If you a	are in th	e business c	of rent	ing persona	al prope	rty, use
	Schedule C. See	instructions. If you are an individual, rep	ort farr	m rental i	ncome c	or loss fi	om Form 48	335 or	n page 2, lir	ne 40.	
A Did	d you make any payme	nts in 2021 that would require you to	file F	orm(s) 1	099? Se	ee instr	uctions .		[Yes	⊠ No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							[Yes	☐ No
1a		each property (street, city, state, ZIF									
Α											
В											
С											
1b	Type of Property	2 For each rental real estate prop	perty I	isted		Fair	Rental	Per	sonal Us	Э	QJV
	(from list below)	above, report the number of fa personal use days. Check the	ir rent	al and			ays		Days		QUV
Α	3	if you meet the requirements to	o file a	sa	Α		365		0		
В		qualified joint venture. See inst	ructio	ns.	В						
С					С						
Туре	of Property:									'	
1 Sing	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd	7	7 Self-	Rental				
2 Mul	ti-Family Residence	4 Commercial	6 Ro	yalties	3	3 Othe	r (describe))			
Incom	ie:	Properties:			Α		Е	3		C	;
3	Rents received		3		(600.					
4			4								
Exper											
5	Advertising		5								
6	Auto and travel (see in	nstructions)	6								
7		nance	7		2,	700.					
8	Commissions		8								
9	Insurance		9								
10	Legal and other profe	ssional fees	10								
11	Management fees .		11		1,!	500.					
12		d to banks, etc. (see instructions)	12								
13	Other interest		13								
14	Repairs		14			500.					
15			15		3,4	400.					
16	Taxes		16								
17			17		4,!	500.					
18		or depletion	18								
19	Other (list)		19								
20	•	lines 5 through 19	20		15,6	600.					
21		line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must									
	file Form 6198		21		-15,0	000.					
22		estate loss after limitation, if any,		,			,				
	on Form 8582 (see in		22	[(00.)	()()
23a		eported on line 3 for all rental prope				23a		6	00.		
b		eported on line 4 for all royalty prop				23b					
C		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
е		eported on line 20 for all properties				23e	1	5,6			
24	•	e amounts shown on line 21. Do no		-					24		
25		sses from line 21 and rental real estate							25 (15	5,000.)
26		ate and royalty income or (loss).									
		V, and line 40 on page 2 do not							26	_ 1	5,000.
	SUITEUUIE I (FOIIII 104	10), line 5. Otherwise, include this ar	HUUHI		iai UII	mie 4 l	on page 2		26	-1	,

Form **8959**

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0074

2021

Attachment Sequence No. 71

Name(s) shown on return

Your social security number
SHARON CHETTUPALLY

730-26-9440

Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
•	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly \$250,000		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying widow(er) \$200,000 5 125,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	163,076.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to		
	Part II	7	1,468.
Part			
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
_	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
10	Single, Head of household, or Qualifying widow(er) \$200,000 9 Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0	-	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and	12	
10	go to Part III	13	
Part	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation	1 1	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)		
15	Enter the following amount for your filing status:		
	Married filing jointly \$250,000		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying widow(er) \$200,000		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).		
	Enter here and go to Part IV	17	
Part			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR	40	
Part	or 1040-SS filers, see instructions), and go to Part V	18	1,468.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
19	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		
	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax		
	withholding on Medicare wages	22	130.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box		
-	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or		
	1040-SS filers, see instructions)	24	130.

BAA

Form **8960**

Department of the Treasury

Net Investment Income Tax— Individuals, Estates, and Trusts

► Attach to your tax return.

OMB No. 1545-2227

2021

Attachment
Sequence No. 72

Your social security number or EIN

Internal Revenue Service (99)

Name(s) shown on your tax return

► Go to www.irs.gov/Form8960 for instructions and the latest information.

SHAI	RON CHETTUPALLY			730-	-26-9	440
Part	Investment Income ☐ Section 6013(g) election (see instructions)		•			
	Section 6013(h) election (see instructions)					
	Regulations section 1.1411-10(g) election (see in	nstructio	ons)			
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	-15,	000.		
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	-15,000.
5a	Net gain or loss from disposition of property (see instructions)	5a	-1,	500.		
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	-1,500.
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	-16,500.
Part	•		is .			
9a	Investment interest expenses (see instructions)	9a				
b	State, local, and foreign income tax (see instructions)	9b				
С.	Miscellaneous investment expenses (see instructions)	9c				
d	Add lines 9a, 9b, and 9c				9d	
10	Additional modifications (see instructions)				10	
11 Part	Total deductions and modifications. Add lines 9d and 10				11	
	•		ta Basa di	17		
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, Estates and trusts, complete lines 18a–21. If zero or less, enter -0				12	0.
	Individuals:				12	0.
13	Modified adjusted gross income (see instructions)	13	252	076.		
14	Threshold based on filing status (see instructions)	14	125,			
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	127,		1	
16	Enter the smaller of line 12 or line 15	$\overline{}$		070.	16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En			lude		
••	on your tax return (see instructions)				17	0.
	Estates and Trusts:					
18a	Net investment income (line 12 above)	18a				
b	Deductions for distributions of net investment income and deductions under					
	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.					
	include on your tax return (see instructions)				21	

BAA

Your SSN or ITIN

TAXABLE YEAR FORM

2021	California (e-file Signature	Authorization for	or Individuals
------	--------------	------------------	--------------------------	----------------

8879

SHARON CHETTUPALLY	730-26-9440
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN
Part I Tax Return Information (whole dollars only)	
1 California adjusted gross income (AGI). See instructions	1 <u>252,076.</u>
2 Amount You Owe. See instructions	2 5.014
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanies.	,
ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts sho income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the esting and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I decagrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refur to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the selected a personal identification number (PIN) as my signature for my electronic income tax return and, if application in the processing of the pro	declare that the information I provided to my social security number (SSN) or individual tax wn on the corresponding lines of my electronic mated tax payments as shown on my return lare that direct deposit refund amount on line 3 appointment of the other spouse/registered ERO, transmitter, or intermediate service in is delayed, I authorize the FTB to disclose refund was sent. If I am filing a balance due the tax liability and all applicable interest and ecopy of my electronic income tax return. I have
Taxpayer's PIN: check one box only	
■ Lauthorize GLOBAL TAXES LLC	to enter my PIN 6 9 4 4 0
ERO firm name	Do not enter all zeros
as my signature on my 2021 e-filed California individual income tax return.	
I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box return is filed using the Practitioner PIN method. The ERO must complete Part III below.	c only if you are entering your own PIN and your
Your signature Date Date	
Spouse's/RDP's PIN: check one box only	
☐ I authorize	to enter my PIN
ERO firm name	Do not enter all zeros
as my signature on my 2021 e-filed California individual income tax return.	
I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check t and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	his box only if you are entering your own PIN
Spouse's/RDP's signature Date Date	e >
Practitioner PIN Method Returns Only continue below	
Part III Certification and Authentication — Practitioner PIN Method Only	
ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 Do not	7 8 6 1 9 8 9 enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and e-file Providers.	
ERO's signature Date Date	4/10/2022

Your name

TAXABLE YEAR

FORM

2021 California Resident Income Tax Return

540

AP:

ATTACH FEDERAL RETURN

730-26-9440 CHET 114-90-3296 SHARON CHETTUPALLY 21

1866 E FIR AVE 203

FRESNO

CA 93720

03-23-1982

		Enter your county at time of filing (see instructions)
ě	\odot	FRESNO
enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box
sid		If not, enter below your principal/physical residence address at the time of filing.
Be		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	•	 → 7,41.110506.110.
Pri		City State ZIP code
	•	
		If your California filing status is different from your federal filing status, check the box here
tus	1	Single 4 Head of household (with qualifying person). See instructions.
Filing Status	2	Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.
Ë		See instructions.
	3	X Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. SAMUEL GADEPAKA
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst
_	En	or line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.
/	ΓU 7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked
ous	'	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. \bigcirc 7 1 \times \$129 = \bigcirc \$
ρti	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1:
Exemptions		if both are visually impaired, enter 2
ш	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
		if both are 65 or older, enter 2. See instructions

Yoı	ır naı	me: CHE	TTU	JPALLY	Your SSN or	ITIN: 73	0-26-9440			
	10	Dependents	Do n	ot include yourself or Dependent 1	your spouse/RDP.	Dependent	2	De	pendent 3	
Exemptions		First Name	•					•	•	
		Last Name	•							
mptio		SSN. See instructions	•			•		•		
Exe		Dependent's relationship to you								
	Tota	•	exem	ptions			. • 10 X	\$400 = ③ \$		
	11			unt: Add line 7 through				• 11 \$	1:	29
	12	State wage	s fron	n your federal						
		Form(s) W	-2, bo	x 16	• 12		268576	. 00		1
	13 14	Enter feder		252076	.00					
	15	Part I, line	27, co	ments – subtractions. E Dlumn B from line 13. If less tha		_00				
me		See instruc	tions	252076	.00					
o P	16	Part I, line	27, ca	ments – additions. Ente olumn C	r the amount fron	n Schedule G	A (540), 	. • 16		_00
axable Income	17	California a	djust	ed gross income. Comb	oine line 15 and lir	ne 16		. • 17	252076	_ 00
	18	Enter the larger of	You							
		larger or	• Si	r California standard d o ngle or Married/RDP fil arried/RDP filing jointly	ing separately					
		'	4803	. 00						
	19	Subtract lir	ne 18 zero,	from line 17. This is yo enter -0	ur taxable incom 	e. 		. • 19	247273	_00
							0.1.1.1			
	31	Tax. Check	the b	ox if from:			Schedule		19999] [
	32	•		s. Enter the amount fro	•	federal AGI i				. 00]
ă		\$212,288,	see in	structions				. • 32	10000	. <u>00</u>
	33	Subtract lir	ne 32	from line 31. If less tha	n zero, enter -0			. • 33	19999	<u> 00</u>
	34	Tax. See in	struct	ions. Check the box if f	rom: • Sch	edule G-1	FTB 5870A.	. • 34		00
	35	Add line 33	and	ine 34				. • 35	19999	. 00
lits	40	Nonrefund	able C	hild and Dependent Ca	re Expenses Credi	t. See instruc	tions	. • 40		. 00
Z Cre	43	Enter credi				code •	and amount			. 00
special Credits	44	Enter credi				code	and amount			. 00
n										_

Side 2 Form 540 2021

175

3102214

REV 03/29/22 PRO

You	r nar	me: CHETTUPALLY Your SSN or ITIN: 730-26-9440					
S	45	To claim more than two credits. See instructions. Attach Schedule P (540)	. •	45			. 00
Special Credits	46	Nonrefundable Renter's Credit. See instructions	. •	46			. 00
	47	Add line 40 through line 46. These are your total credits	. •	47			. 00
Sp	48	Subtract line 47 from line 35. If less than zero, enter -0	. •	48		19999	. 00
	61	Alternative Minimum Tax. Attach Schedule P (540)	. •	61			• 00
(es	62	Mental Health Services Tax. See instructions	. •	62			. 00
Other Taxes	63	Other taxes and credit recapture. See instructions	. •	63			. 00
Oth	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	. •	64			. 00
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	. •	65		19999	. 00
						0.41.00	
	71	California income tax withheld. See instructions	. •	71		24129	• 00
	72	2021 CA estimated tax and other payments. See instructions	. •	72			. 00
	73	Withholding (Form 592-B and/or 593). See instructions	. •	73			. 00
Payments	74	Excess SDI (or VPDI) withheld. See instructions	. •	74		884	. 00
Payı	75	Earned Income Tax Credit (EITC)	. •	75			. 00
	76	Young Child Tax Credit (YCTC). See instructions	. •	76			. 00
	77	Net Premium Assistance Subsidy (PAS). See instructions	. •	77			. 00
	78	Add line 71 through line 77. These are your total payments. See instructions	. •	78		25013	. 00
_							
Use Tax	91	Use Tax. Do not leave blank. See instructions ● 91			0 .00		
šň		If line 91 is zero, check if: X No use tax is owed. You paid your use ta	x obli	gation	directly to CDTFA.		
ISR Penaltv	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage	• [×			
_ 9	•	Individual Shared Responsibility (ISR) Penalty. See instructions • 92			_ 00		
) anc	00	Doumants belongs If line 70 is more than line 04, subtract line 04 from line 70		00		25013	. 00
Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78					
Tax/	94 95	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,	. •	94			. 00
paid		subtract line 92 from line 93	. •	95		25013	. 00
Over	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92	. •	96			. 00

Your name: CHETTUPALLY Your SSN or ITIN: 730-26-9440

Overpaid Tax/Tax Due	97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	•	97	5014	. 00
ax/Ta	98	Amount of line 97 you want applied to your 2022 estimated tax	•	98	0	. 00
paid T	99	Overpaid tax available this year. Subtract line 98 from line 97	•	99	5014	. 00
Over	100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	•	100		. 00
			<u>C</u>	ode	Amount	
		California Seniors Special Fund. See instructions	•	400		. 00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 4	401		_ 00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 4	403		. 00
		California Breast Cancer Research Voluntary Tax Contribution Fund	• 4	405		. 00
		California Firefighters' Memorial Voluntary Tax Contribution Fund	• 4	406		. 00
		Emergency Food for Families Voluntary Tax Contribution Fund	•	407		• 00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	•	408		_ 00
		California Sea Otter Voluntary Tax Contribution Fund	•	410		• 00
		California Cancer Research Voluntary Tax Contribution Fund	•	413		. 00
tions		School Supplies for Homeless Children Voluntary Tax Contribution Fund	• 4	422		. 00
Contributions		State Parks Protection Fund/Parks Pass Purchase	•	423		• 00
S		Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 4	424		. 00
		Keep Arts in Schools Voluntary Tax Contribution Fund	• 4	425		. 00
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 4	431		. 00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	•	438		_ 00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 4	439		. 00
		Rape Kit Backlog Voluntary Tax Contribution Fund	• 4	440		. 00
		Schools Not Prisons Voluntary Tax Contribution Fund	• '	443		. 00
		Suicide Prevention Voluntary Tax Contribution Fund	• 4	444		- 00
		Mental Health Crisis Prevention Voluntary Tax Contribution Fund	• 4	445		. 00
		California Community and Neighborhood Tree Voluntary Tax Contribution Fund	•	446		. 00
	110	Add code 400 through code 446. This is your total contribution	•	110		. 00

 Side 4 Form 540 2021
 175
 3104214
 REV 03/29/22 PRO

You	r nan	ne: ⊆	III I I OF A.			Your SSI	N OT ITIN:	730 20 7	110						
Amount You Owe	111	Mail to:	IT YOU OWE. If FRANCHISE ine – Go to ftb	TAX	BOARD, PO B	OX 942867	, SACRAMEN				nstruct	ions. Do	not ser	ıd cash.	_00
Interest and Penalties	112 113		r, late return pe ayment of esti			yment penal	ties			112					. 00
eres		Check t	he box:	FT	B 5805 attacl	ned •	FTB 5805F	attached		113					. 00
ᅙᄔ		Total ar	nount due. See	instr	uctions. Enclo	ose. but do n	not staple, an	v pavment		114					. 00
			D OR NO AMO								ruction	ne			
	110										iuctioi	13.	-	5014	
		Mail to:	FRANCHISE T	AX B	OARD, PO BO	X 942840, S	SACRAMENTO	O CA 94240-01	001	115				1014	. 00
Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a void See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: Type Routing number 121042882 Account number 7325436579 Savings The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:													r a dep	osit slip.	
Dire		● Rou	iting number	×	Checking	Account	number			•	116 D)irect de	oosit ar	mount	
and		121	.042882] -	73254	36579						5	014	. 00
fund	The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below										01111				
æ		1116 1611	iaiiiiiy aiiiouii	• Ty	•	115) is auti	ionzeu ioi un	rect deposit iii	to the accoun	r Silowii nei	OW.				
		● Rou	iting number		Checking	Account	number			•	117 D	Direct de	osit ar	nount	
					Savings										. 00
IMP	ORTA	NT: See	e the instruction	ns to f	find out if you	should attac	h a copy of y	our complete f	ederal tax ret	urn.					
to loc Unde is tru	ate FT r pena	B 1131 El alties of p rect, and	n be found in anr N-SP, Franchise T erjury, I declare complete.	ax Boa	rd Privacy Notic	e on Collectior	n. To request thi	s notice by mail,	call 800.338.05 edules and stat	05 and enter f	orm cod o the be	le 948 who est of my	en instru knowled	icted. dge and b	elief, it
		(Your email ad	dress.	Enter only one	email address	<u> </u>				(Preferr	ed phon	ne number	r
Si	gn											2096	8395	591	
	ere		Paid preparer's s	ignatu	re (declaration	of preparer is	s based on all	information of	which prepare	r has any kno	owledge	e)			
	unlaw	rful [SYAM PR	IYA	RAM SA	AGAR GI	JPTA TA	LLAM							
to fo	rge a ıse's/		Firm's name (or y	ours,	if self-employed)							● PTII	N	
RDP			GLOBAL	TAX	ES LLC								P02	20827	703
Joint		Firm's address											Ť	n's FEIN	
retur (See	n?		2530 PE	BBL	E CREEF	C LN C	JMMING	GA 3004	1				301	0171	.96
instr	uctior	,	Do you want to			on to discus	s this tax retu	ırn with us? Se	ee instruction	s•		Yes		No r	
			rimu r arty	_ coigi] [STOPTIONS	. 10111001		

TAXABLE YEAR

2021 California Adjustments — Residents

CA (540)

In	nportant: Attach this schedule behind Form 540,	Sid	le 5 as a supporting Cali	forn	ia schedule.	
Na	me(s) as shown on tax return					SSN or ITIN
S	HARON CHETTUPALLY					730269440
P	art I Income Adjustment Schedule	Α	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	C Additions See instructions
1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C	•	268,576.	•		•
2	Taxable interest. a •2b	•		•		•
3	Ordinary dividends. See instructions. a • 3b	•		•		•
4	IRA distributions. See instructions. a • 4b	•		•		•
5	Pensions and annuities. See instructions. a • 5b	•		•		•
6	Social security benefits. a • 6b	•		•		
7		•	-1,500.	•		•
Se	ection B – Additional Income from federal Schedule 1	(For	m 1040)			
1	Taxable refunds, credits, or offsets of state and local income taxes	•	·	•		
28	Alimony received. See instructions	•				•
3	Business income or (loss). See instructions. \dots 3	•		•		•
	,	•		•		•
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	•	-15,000.	•		•
6	Farm income or (loss)	•		•		•
	' '	•		•		
8	Other income: a Federal net operating loss	•				•
	b Gambling income	•		•		
	c Cancellation of debt 8c	•				•
	d Foreign earned income exclusion from federal Form 2555	•				•
	e Taxable Health Savings Account distribution 8e	•		•		
	f Alaska Permanent Fund dividends 8f	•				
	g Jury duty pay 8g	•				
	h Prizes and awards 8h	•				

REV 03/29/22 PRO

Sec	ction B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		instructions	C Additions See instructions
	i Activity not engaged in for profit income 8i	•				
	j Stock options	•				
	k Income from the rental of personal property	•				
	I Olympic and Paralympic medals and USOC	•				
	m IRC Section 951(a) inclusion 8m	•		•		
	n IRC Section 951A(a) inclusion 8n	•		•		
	o IRC Section 461(I) excess business loss adjustment 80	•				•
	${\bf p}$ Taxable distributions from an ABLE account ${\bf 8p}$	•				
	z Other income. List type and amount.					
	● 8z	•		•		•
9	a Total other income. Add lines 8a through 8z. 9a	•		•		•
	b1 Disaster loss deduction from form FTB 3805V . 9b1			•		
	b2 NOL deduction from form FTB 3805V 9b2			•		
	b3 NOL from form FTB 3805Z, 3807, or 3809 9b3			•		
	b4 Student loan discharged due to closure of a for-profit school	•		•		
10	Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions	•	252,076.			•
Se o	ction C – Adjustments to Income m federal Schedule 1 (Form 1040)					
	Educator expenses	•		•		
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12	•		•		•
	Health savings account deduction	•		•		
	Moving expenses. Attach form FTB 3913. See instructions	•				•
15	Deductible part of self-employment tax. See instructions	•		•		
16	Self-employed SEP, SIMPLE, and qualified plans16	•				
17	Self-employed health insurance deduction. See instructions	•		•		

ction C – Adjustments to Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Penalty on early withdrawal of savings	•			
a Alimony paid19a	•			•
b Recipient's: SSN ●				
Last Name				
IRA deduction	•		•	•
Student loan interest deduction	•			•
Reserved for future use				
Archer MSA deduction	•			
Other adjustments: a Jury duty pay	•			
b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	•		•	•
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	•		•	
d Reforestation amortization and expenses24d	•		•	
e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e	•			
f Contributions to IRC Section 501(c)(18)(D) pension plans	•		•	•
g Contributions by certain chaplains to IRC Section 403(b) plans	•		•	•
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	•			
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i	•		•	
j Housing deduction from federal Form 2555 24 j	•		•	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•		•	
z Other adjustments. List type and amount.				
Z4z Total other adjustments. Add lines 24s through	•		•	•
Total other adjustments. Add lines 24a through 24z	•		•	•
Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	•		•	•
Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	•	252,076.	•	•

REV 03/29/22 PRO

Pa	rt II Adjustments to Federal Itemized Deductions							
Ch	eck the box if you did NOT itemize for federal but will iter	nize	for C	alifornia				
			A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Me	dical and Dental Expenses See instructions.							
1	Medical and dental expenses ●	1						
	Enter amount from federal Form 1040 or 1040-SR, line 11 252,076.	2						
	Multiply line 2 by 7.5% (0.075) ● 18,906.	3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	.4	•				•	
	tes You Paid a State and local income tax or general sales taxes.	.5a	•	26,553.	•	26,553.		
	b State and local real estate taxes	. 5 b	•					
	c State and local personal property taxes	.5c	•					
	d Add line 5a through line 5c	.5d	•	26,553.				
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e,	5 -		5,000.		26,553.		21,553.
	column A in line 5e, column C			3,000.		20,333.		
6	Other taxes. List type	6	•		•		•	
7	Add line 5e and line 6	.7	•	5,000.	•	26,553.	•	21,553.
	a Home mortgage interest and points reported to you on federal Form 1098	.8a	•				•	
	b Home mortgage interest not reported to you on federal Form 1098	.8b	•				•	
	c Points not reported to you on federal Form 1098.	.8c	•				•	
	d Mortgage insurance premiums	.8d	•		•			
	e Add line 8a through line 8d	.8e	•		•		•	
9	Investment interest	.9	•		•		•	
10	Add line 8e and line 9	10	•		•		•	

Cif	Adjustments to Federal Itemized Deductions Continued	A Federal A (from feder (Form 104)	al Schedule A	В	Subtractions See instructions		C Additions See instructions
uII	ts to Charity						
11	Gifts by cash or check	•	300.	•		•	
12	Other than by cash or check	•		•		•	
13	Carryover from prior year13	•		•		•	
14	Add line 11 through line 13	•	300.	•		•	
	sualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15	•		•		•	
0th	er Itemized Deductions						
16	Other—from list in federal instructions	•		•		•	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	•	5,300.	•	26,553.	•	21,553
18	Total. Combine line 17 column A less column B plus co	lumn C				18	300.
Jol	Expenses and Certain Miscellaneous Deductions						
20	Unreimbursed employee expenses - job travel, union du Attach federal Form 2106 if required. See instructions . Tax preparation fees) 19) 20) 21	0.		
22	Add line 19 through line 21			22	0.		
23	Enter amount from federal Form 1040 or 1040-SR, line 11	252,07	76.				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24	5,042.		
	Subtract line 24 from line 22. If line 24 is more than line	22, enter 0					
25						25	0.
	Total Itemized Deductions. Add line 18 and line 25					25	300.
26	Total Itemized Deductions. Add line 18 and line 25 Other adjustments. See instructions. Specify.					-	
26 27						26	
26 27 28	Other adjustments. See instructions. Specify. Combine line 26 and line 27	amount showr	ı below for your	filing stat . \$212,28 . \$318,43 . \$424,58		27	300.
26 27 28 29	Other adjustments. See instructions. Specify. Combine line 26 and line 27	amount showr	below for your	filing stat . \$212,28 . \$318,43 . \$424,58		27	300.

REV 03/29/22 PRO

7735214

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status			_	ed filing separately		_		•	. –	_		
one box.	-	u checked the MFS box, enter the r on is a child but not your dependen		your spouse. If you AMUEL GADEP <i>A</i>		ked the HOH o	or QV	V box, ente	er the	child's	name if th	ne qualifying
Your first name			Last na						Y	our so	cial securi	ty number
SHARON			CHE'	TTUPALLY					-	730-2	26-944	0
If joint return, s	pouse's	first name and middle initial	Last na	ame					S	pouse's social security number		
										114-9	90-329	6
Home address	(numbe	r and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	F	resider	ntial Electi	on Campaign
1866 E I	FIR A	AVE #203									ere if you,	,
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP	code				ntly, want \$3 Checking a
FRESNO					C	A	93	3720		_	ow will not	•
Foreign country	/ name			Foreign province/state	coun	ty	Fore	eign postal c	ode y	our tax	or refund.	
											You	Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interest	in an	y virtual c	urrenc	:y?	Yes	⊠ No
Standard	Som	eone can claim: You as a de	pender	nt 🗌 Your spou	se as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	u were a dual-status	s alier	า						
Age/Blindness	You:	☐ Were born before January 2, 1	957 [Are blind Sp	ouse	: Was bo	rn be	fore Janua	ary 2,	1957	☐ Is bl	lind
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relations	nip	(4) 🗸	if qua	lifies for	(see instru	uctions):
If more	(1) First name Last name number to you Child tax credit						dit	Credit for ot	her dependents			
than four								[
dependents, see instruction:								[
and check	<i></i>							[
here ▶ 🗌												
	1	Wages, salaries, tips, etc. Attach I	orm(s)	W-2						1	2	68,576.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t			2b		
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary divide	nds			3b		
	4a	IRA distributions	4a		b T	axable amour	nt .			4b		
	5a	Pensions and annuities	5a		b T	axable amour	nt .			5b		
Standard	6a	Social security benefits	6a		b T	axable amour	nt.			6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	dule D	if required. If not red	quired	l, check here			▶ □	7		-1,500.
Married filing	8	Other income from Schedule 1, lin	ie 10							8	-:	15,000.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total in	come				. ▶	9	2.	52,076.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26						10		
jointly or Qualifying	11_	Subtract line 10 from line 9. This is	s your a	djusted gross inco	me				. ▶	11	2	52,076.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedul	e A)	12	а	12,	550	•		
Head of	b	Charitable contributions if you take	the sta	ndard deduction (se	e insti	ructions) 12	b		300.			
household, \$18,800	С	Add lines 12a and 12b								120	;	12,850.
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		
any box under Standard	14	Add lines 12c and 13								14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	, ente	er -0				15	2	39,226.

Joint return? See instructions. Keep a copy for your records. Paid Preparer Use Only	Sport Press SYAM	der penalties of perjury, I declare tef, they are true, correct, and comur signature Duse's signature. If a joint return, temperary is name PRIYA RAM SAGAR GUPTA TALLAM This name GLOBAL TAL	pooth must sign. Preparer's signat SYAM PRIYA	Date Date Date Email address ure	rthan taxpayer) is be Your occupation SOFTWARE Spouse's occupated SCHETTUPAL	ENGINE ion LY@GMA Date	d statement information	is, and to n of which If the Prote (see in If the Ident (see in If the Ident (see in Ident	prepare IRS ser ection P nst.) ► IRS ser ity Prote (nst.) ►	er has a ant you a N, ente not your at your cection F	ny kno n Iden r it her spouse IN, en if: elf-em	wledge. tity e
Here Joint return? See instructions. Keep a copy for your records. Paid	Spo	puse's signature. If a joint return, to the no. (209)683-959 parer's name	poth must sign. Preparer's signat	Date Date Date Email address ure	rthan taxpayer) is be Your occupation SOFTWARE Spouse's occupated SCHETTUPAL	ENGINE ion LY@GMA Date	d statement information	Is, and to n of which If the Prote (see in If the Ident (see in If Ident Ident (see in Ident	IRS serection Planst.) ▶ IRS serity Proteinst.) ▶	er has and you and N, enter has and N, enter has a not your ection F	ny kno n Iden r it her spouse PIN, en	wledge. tity e an ter it here
Here Joint return? See instructions. Keep a copy for your records.	Spo	ief, they are true, correct, and comur signature buse's signature. If a joint return, to the point of the po	plete. Declaration o	of preparer (other Date Date Email address	Your occupation SOFTWARE Spouse's occupat	ENGINE	d statement information	Is, and to not which If the Prote (see in If the Ident (see in Ident (se	IRS ser ection Planst.) ► IRS ser ity Prote	er has a nt you a N, ente nt your ection F	ny kno n Iden r it her spouse l'IN, en	wledge. tity e an
Here Joint return? See instructions. Keep a copy for	You	ief, they are true, correct, and com ur signature puse's signature. If a joint return, t	plete. Declaration o	of preparer (other	Your occupation SOFTWARE Spouse's occupat	ased on all ENGINE	d statement information	If the Prote (see i	IRS ser ection Planst.) ► IRS ser ity Prote	er has ant you and N, ente	ny kno n Iden r it her spouse	wledge. tity e an
Here Joint return? See instructions. Keep a copy for	You	ief, they are true, correct, and com ur signature	plete. Declaration o	of preparer (other	than taxpayer) is be Your occupation SOFTWARE	ased on all	d statement information	If the Prote (see i	IRS ser ection Planst.) ► IRS ser ity Prote	er has ant you and N, ente	ny kno n Iden r it her spouse	wledge. tity e an
Here Joint return? See instructions.	You	ief, they are true, correct, and com ur signature	plete. Declaration o	of preparer (other	than taxpayer) is be Your occupation SOFTWARE	ased on all	d statement information	is, and to n of which If the Prote (see i	Prepare IRS ser ection Planst.) ► IRS ser	er has ant you and N, ente	ny kno n Iden r it her spouse	wledge. tity e an
Here	bel	ief, they are true, correct, and com		of preparer (other	than taxpayer) is be	ased on all	d statement information	s, and to of which If the Prote	prepare IRS serection Pl	er has a nt you a	ny kno n Iden	wledge. tity
	bel	ief, they are true, correct, and com		of preparer (other	r than taxpayer) is b		d statement	s, and to of which	prepare IRS ser	er has a nt you a	ny kno n Iden	wledge. tity
	bel	ief, they are true, correct, and com		of preparer (other	r than taxpayer) is b		d statement	s, and to	prepare	er has a	ny kno	wledge.
Sign							d statement	s, and to				
								,			Lean and	edge and
	nar	ne 🕨		no.			numbe	er (PIN)	•			
J		signee's					nal identif	ication	_			
Designee		tructions	•				Yes. Co	mplete b	elow.	×N	lo	
Third Party		you want to allow another										
You Owe	38	Estimated tax penalty (see in				38	10110115	. •	31			
Amount	37	Amount you owe. Subtract					ıctions	•	37			
	₽ a	Account number 7 3 2 Amount of line 34 you want a			ed tax	36	İ					
See instructions.	D d ►	Account number 7 3 2			C Type: X	Checkin	y ∐S	avings				
Direct deposit?	35a ▶ b	Amount of line 34 you want Routing number 1 2 1				_		▶ ∐	Soa		Ι,	0⊿3.
Refund	34 35a	If line 33 is more than line 24				•	=		34 35a			825.
		Add lines 25d, 26, and 32. T						. •	33			825.
	32 33	Add lines 27a and 28 throug							32			568. 566.
	31	Amount from Schedule 3, lin				31		568.	20		1	569
	30	Recovery rebate credit. See				30	1	E 6 0				
	29	American opportunity credit				29						
	28	Refundable child tax credit or				28						
	С	Prior year (2019) earned inco			0-1	- 00						
	b	Nontaxable combat pay elec										
	I.	taxpayers who are at least a	-	1 1	structions > _							
		January 2, 2004, and you										
attach Sch. EIC.		Check here if you were b										
qualifying child,	27a	Earned income credit (EIC)				27a						
If you have a	26	2021 estimated tax payment	s and amount a	pplied from 20	20 return				26			
	d	Add lines 25a through 25c	,						25d		56,	998.
	С	Other forms (see instructions				25c		130.				
	b	Form(s) 1099				25b						
	а	Form(s) W-2				25a	56,	868.				
	25	Federal income tax withheld									,	
	24	Add lines 22 and 23. This is							24			741.
	23	Other taxes, including self-e							23			468.
	22	Subtract line 21 from line 18							22		58.	273.
	21	Add lines 19 and 20							21			
	20	Amount from Schedule 3, lin							20			
	19	Nonrefundable child tax cred							19		56,	<u> </u>
	18	Amount from Schedule 2, lin Add lines 16 and 17							18		E 0	273.
	17	•	•	• • —					17		50,	2/3.
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 □			16		5 X .	273.

Form 1040 (2021)

Page **2**

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment

Department of the Treasury Internal Revenue Service

SHARON CHETTUPALLY

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

► 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 Your social security number

730-26-9440

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	S	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	ı
4	Other gains or (losses). Attach Form 4797		4	ı
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E		5	-15,000.
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 property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z	I	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040-NR, line 8		10	_15_000

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
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)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24 g		
h	,	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24 j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE 2 (Form 1040)

16

Department of the Treasury Internal Revenue Service

Additional Taxes

► 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. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number 730-26-9440 SHARON CHETTUPALLY Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment, Attach Form 8962 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17... 3 Part II **Other Taxes** 4 Self-employment tax. Attach Schedule SE 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 5 Uncollected social security and Medicare tax on wages. Attach 6 6 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 9 10 Repayment of first-time homebuyer credit. Attach Form 5405 if required 10 11 11 1,468. 12 12 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life 13 14 Interest on tax due on installment income from the sale of certain residential lots 14 Interest on the deferred tax on gain from certain installment sales with a sales price 15 15

Recapture of low-income housing credit. Attach Form 8611

(continued on page 2)

Schedule 2 (Form 1040) 2021

16

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			
- 1	Tax on accumulation distribution of trusts	17I			
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			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 0			
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 23b		21	1,46	8.

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

2021

Attachment Sequence No. 03

Department of the Treasury Internal Revenue Service

SHARON CHETTUPALLY

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

Sequence No. 03
Your social security number
730-26-9440

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 244 Form 2441	1, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	61		
Z	Other nonrefundable credits. List type and amount ▶	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040	SR, or 1040-NR,		
	line 20		8	

Schedule 3 (Form 1040) 2021 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	4,568.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
Z	Other payments or refundable credits. List type and amount ▶	13z		
14	Total other payments or refundable credits. Add lines 13a through	14		
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	4,568.

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► 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.

Name(s) shown on return Your social security number 730-26-9440 SHARON CHETTUPALLY

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 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 7,294. 10,961. -3,667.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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -3,667.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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -3,667.• 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 • 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? ☐ **Yes.** Go to line 18. 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 1,500.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Part I

Sales and Other Dispositions of Capital Assets

2021

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.

Attachment Sequence No. 12A

OMB No. 1545-0074

SHARON CHETTUPALLY

Social security number or taxpayer identification number

730-26-9440

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.

instructions). For long-term transactions, see page 2.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) from column (d) and and see Column (e. (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions Robinhood Securities LLC 01/01/21 12/31/21 7,294. 10,961. -3,667.2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

7,294.

-3,667.

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) ▶

10,961.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

2021
Attachment
Sequence No. 13

OMB No. 1545-0074

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

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

Attachment Sequence No. 13 Your social security number

	ON CHETTUPALLY								30-26-9		
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Note:	If you a	are in th	e business c	of rent	ing persona	al prope	rty, use
	Schedule C. See	instructions. If you are an individual, rep	ort farr	m rental ir	ncome o	r loss fr	om Form 48	335 or	n page 2, lir	ne 40.	
A Did	d you make any payme	nts in 2021 that would require you to	file F	orm(s) 10	099? Se	ee instr	uctions .		[Yes	⊠ No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							[Yes	☐ No
1a		each property (street, city, state, ZIF									
Α											
В											
С											
1b	Type of Property	2 For each rental real estate prop	erty li	isted		Fair	Rental	Per	sonal Us	е	QJV
	(from list below)	above, report the number of fa personal use days. Check the	ir renta	al and			ays		Days		QUV
Α	3	if you meet the requirements to	o file a	s a	Α		365		0		
В		qualified joint venture. See inst	ructio	ns.	В						
С					С						
Type o	of Property:										
	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd	7	7 Self-	Rental				
	ti-Family Residence	4 Commercial	6 Ro	yalties	3	3 Othe	r (describe))			
Incom	ne:	Properties:			Α		E	3		С	;
3			3		(500.					
4	Royalties received .		4								
Exper											
5	_		5								
6	,	nstructions)	6								
7		nance	7		2,	700.					
8			8								
9			9								
10	_	ssional fees	10								
11	•		11		1,5	500.					
12		d to banks, etc. (see instructions)	12								
13			13								
14	•		14			500.					
15			15		3,4	400.					
16			16								
17			17		4,	500.					
18		e or depletion	18								
19	Other (list)		19		1.5						
20	•	lines 5 through 19	20		15,6	500.					
21		line 3 (rents) and/or 4 (royalties). If									
	file Form 6198	instructions to find out if you must	21		-15,0	200					
00		estate loss after limitation, if any,	21		10,0	300.					
22	on Form 8582 (see in		22	(15 0	00.)	()(١
23a	·	eported on line 3 for all rental prope		1	15,0	23a	1	6	00.)
b		eported on line 4 for all royalty prop				23b			33.		
C		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
e		eported on line 20 for all properties				23e	1	5,6	00.		
24		e amounts shown on line 21. Do no	t inclu						24		
25	·	sses from line 21 and rental real estate		-		nter tota	al losses her	е.	25 (1 -	5,000.)
26		ate and royalty income or (loss).							(, /
20		V, and line 40 on page 2 do not									
		10), line 5. Otherwise, include this ar							26	-1	5,000.

Form **8959**

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0074

2021

Attachment Sequence No. 71

Name(s) shown on return

Your social security number
SHARON CHETTUPALLY

730-26-9440

Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
•	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly \$250,000		
	Married filing separately		
	Single, Head of household, or Qualifying widow(er) \$200,000 5 125,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	163,076.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to		
	Part II	7	1,468.
Part			
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
_	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
10	Single, Head of household, or Qualifying widow(er) \$200,000 9 Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0	-	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and	12	
10	go to Part III	13	
Part	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation	1 1	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)		
15	Enter the following amount for your filing status:		
	Married filing jointly \$250,000		
	Married filing separately		
	Single, Head of household, or Qualifying widow(er) \$200,000		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).		
	Enter here and go to Part IV	17	
Part			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR	40	
Part	or 1040-SS filers, see instructions), and go to Part V	18	1,468.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
19	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		
	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax		
	withholding on Medicare wages	22	130.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box		
	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or		
	1040-SS filers, see instructions)	24	130.

BAA

Form **8960**

Department of the Treasury

Net Investment Income Tax— Individuals, Estates, and Trusts

► Attach to your tax return.

OMB No. 1545-2227

2021

Attachment
Sequence No. 72

Your social security number or EIN

Internal Revenue Service (99)

Name(s) shown on your tax return

► Go to www.irs.gov/Form8960 for instructions and the latest information.

SHAI	ARON CHETTUPALLY 730-				-26-9	440
Part	Investment Income ☐ Section 6013(g) election (see instructions)					
	Section 6013(h) election (see instructions)					
	Regulations section 1.1411-10(g) election (see in	nstructi	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	-15,	000.		
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	-15,000.
5a	Net gain or loss from disposition of property (see instructions)	5a	-1,	500.		
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	-1,500.
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	-16,500.
Part	•		ns			
9a	Investment interest expenses (see instructions)	9a			-	
b	State, local, and foreign income tax (see instructions)	9b 9c			-	
c d	Miscellaneous investment expenses (see instructions)				9d	
10	Add lines 9a, 9b, and 9c				10	
11	Total deductions and modifications. Add lines 9d and 10				11	
Part		• •		· ·	11	
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals,	comple	ata linas 1	3_17		
12	Estates and trusts, complete lines 18a–21. If zero or less, enter -0				12	0.
	Individuals:					
13	Modified adjusted gross income (see instructions)	13	252.	076.		
14	Threshold based on filing status (see instructions)	14		000.		
15	Subtract line 14 from line 13. If zero or less, enter -0	15		076.		
16	Enter the smaller of line 12 or line 15	$\overline{}$			16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En	ter he	re and in	clude		
	on your tax return (see instructions)				17	0.
	Estates and Trusts:					
18a	Net investment income (line 12 above)	18a				
b	Deductions for distributions of net investment income and deductions under					
	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.					
	include on your tax return (see instructions)				21	

BAA