Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taypayar'a nama

laxpayer's name	Social security number
MADHU RAJ CHILIVERU	886-92-0607
Spouse's name	Spouse's social security number
MAHALAXMI BAZARU	974-94-5584
Part I Tax Return Information – Tax Year Ending December 31, 2021 (E	nter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 106,300.
2 Total tax	2 9,265.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 10,407.
4 Amount you want refunded to you	· · · · · 4 1,142.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a copy of your return)

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

Taxpayer's PIN: check one box only

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Enter five digits, but don't enter all zeros

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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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

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

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

Spouse's signature ►	Date 🕨				
Practitioner PIN Method Returns Only—continue below					
Part III Certification and Authentication – Practition	er 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				

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 🕨	
	n This Form — See Instructions to the IRS Unless Requested To Do So	
		E 9970 (D 01 0001)

Date

to enter or generate my PIN

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Yes Yes Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Yes Yes Yes Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Yes Yes Yes Age/Blindness You: Yes Yes Yes Yes Yes Yes Age/Blindness You: Yes Yes Yes Yes Yes Yes Yes Age/Blindness You: Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes <th>1040</th> <th></th> <th>artment of the Treasury-Internal Revenue Servi S. Individual Income Tax</th> <th></th> <th>⁽⁹⁹⁾ 202</th> <th>21</th> <th>OMB No. 1545</th> <th>5-0074</th> <th>IRS Us</th> <th>e Only</th> <th>—Do not v</th> <th>write or staple</th> <th>in this space.</th>	1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 202	21	OMB No. 1545	5-0074	IRS Us	e Only	—Do not v	write or staple	in this space.
MADHU RAJ CHILIVERU 886-92-0607 If join return, spoule's first name and middle initial Last name Spoule's social security number MARALAXI EAZRU 974-924-5584 Home address (number and street). If you have a F0. box, see instructions. Apt. no. Presidential Election Campaign 5245 NATORP BLVD Presidential Election Campaign City, town, or post office. If you have a foreign address, also complete spaces below. State OH 410 Foreign country name Foreign province/state/country Foreign post addee you tax or refund. post affective will not change Foreign country name Foreign province/state/country Foreign post addee you tax or refund. You for spouse Standard Someone can claim: You as a dependent You re spouse as a dependent You You Spouse: Age/Blindness You: Ware borb before January 2, 1957 Are blind Spouse: Was bom before January 2, 1957 Is blind Dependents Gee instructions): (I) First name Last name In umber In under in	Check only	lf yo	u checked the MFS box, enter the n	ame of y									
If joint return, spouse's first name and middle initial Last name BZZRTU 974-94-5584 MARALAXMI BZZRTU Apt. no. 974-94-5584 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 410 Spouse's social security number 0H 45040 City, town, or post office. If you have a foreign address, also complete spaces below. OH 45040 MASON OH 45040 book will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Dependents Gree instructions; (1) First name Last name Is blind Dependents Gree instructions; (2) Social security (3) Relationship (4) V' or qualifies for cee instructions; If more 1 Ill 0, 642. 1 110, 642. 2b 121. Adgendintis, see instructions; 2a b Tax-exempt interest 2b 2b 121. Great or tax or tax or tax or tax oredit Great or tax ore tax or tax ore tax	Your first name	and mi	ddle initial	Last nar	me						Your se	ocial securi	ty number
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5245 NATORP BLVD 410 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State 2P code spouse if filling jointly, wart S3 MASON OH 45040 box below will not change your tax or refund. grouts if filling jointly, wart S3 Foreign country name Foreign province/state/county Foreign postal code your tax or refund. your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1957 Is blind Dependents, see instructions): (1) First name Last name (2) Social security (3) Relationship (4) 4' if qualifies for (see instructions): If more than four (1) First name Last name (2) Social security (3) Relationship (4) 4' if qualifies for (see instructions): If equired. 2a 3a 52. b Taxable interest 10 (2) fold tax credit Credit for other dependents See instructions 2a 3a 52. b Taxable interest <td>MAHALAX</td> <td>II</td> <td></td> <td>BAZA</td> <td>RU</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>974-</td> <td>94-558</td> <td>4</td>	MAHALAX	II		BAZA	RU						974-	94-558	4
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Standard 14 Add lines 12c and 13 14 25,700. Deduction, 15 Taxable income Subtract line 14 from line 11. If zero or less enter -0- 15 80,600		13	Qualified business income deduct	ion from	Form 8995 or Fo	rm 899	95-A				. 13		
	Standard										. 14		
	Deduction, see instructions.	15	Taxable income. Subtract line 14	from line	e 11. If zero or les	s, ente	er-0		• •		. 1	5	80,600.

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

Form **1040** (2021)

Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/17/22 PRO			Form 1	040 (2021)
	Firr	m's address 🕨 2530 Pebb	le Creek L	n Cummin	g GA 30041		Firm	's EIN ▶	► <u>30-10</u>)17196
Use Only		m's name ► GLOBAL TAX					Phor	ne no. (678)965	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/05/2022	P0208			mployed
Paid		eparer's name				Date		0.700	Check if:	mployed
		one no. (602)789-483	7 Preparer's signat	Email address	MADHURAJC	01@GMAIL.CO	M PTIN		Charlet	
Keep a copy for your records.				Emelle 11	HOME MAKE		(see	tity Prote inst.) ►	ection PIN, e	enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa		If the	IRS ser	nt your spou	se an
Joint return?		-			SOFTWARE	ENGINEER	Prote		N, enter it h	
Here		ief, they are true, correct, and com ur signature	plete. Declaration of	of preparer (othe Date	r than taxpayer) is b Your occupation	ased on all informatio	1		er has any ki nt you an Ide	
Sign	Un	ne ► der penalties of perjury, I declare t		ed this return and		nedules and statemer	nts, and to	the bes		
Decignee	De	signee's		Phone no. ►		Perso	onal identi ber (PIN)	fication		
Third Party Designee		you want to allow another	person to disc	cuss this retu	rn with the IRS?	°See . ▶ ∏Yes. Co	omplete t	below.	× No	
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Amount	37	Amount you owe. Subtract	line 33 from line	24. For details	s on how to pay,	see instructions	. 🕨	37		
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36				
See instructions.	►d	Account number 4 5 7					22			
Direct deposit?	► b		Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . . ▶ □ Routing number 1 2 2 1 0 1 7 0 6 ▶ c Type: X Checking □ Savings						±	,
Refund	35a					•	▶ □	35a		,142.
	34	If line 33 is more than line 24					. 🕨	34		,407. ,142.
	32 33	Add lines 27a and 28 throug Add lines 25d, 26, and 32. T						32 33	1 0	,407.
	31	Amount from Schedule 3, lin				31	lito 🕨			
	30	Recovery rebate credit. See				30				
	29	American opportunity credit				29				
	28	Refundable child tax credit or				28		-		
	С	Prior year (2019) earned inco								
	b	Nontaxable combat pay elec				_				
)		January 2, 2004, and you taxpayers who are at least a	u satisfy all the ge 18, to claim t	e other requi he EIC. See in	rements for					
qualifying child, attach Sch. EIC.	27a	Check here if you were k				27a		-		
If you have a	26	2021 estimated tax payment Earned income credit (EIC)		• •		1 1	• •	26		
	d	Add lines 25a through 25c						25d	10	,407.
	C	Other forms (see instructions				25c			1.0	400
	b	Form(s) 1099				25b		-		
	а	Form(s) W-2					,407.	-		
	25	Federal income tax withheld								
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	9	,265.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9	,265.
	21	Add lines 19 and 20						21		
	20	Amount from Schedule 3, lin	ne8					20		
	19	Nonrefundable child tax cree	dit or credit for o	ther depender	nts from Schedul	e 8812		19		
	18	Add lines 16 and 17 .						18	9	,265.
	17	Amount from Schedule 2, lin						17		,
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	9	,265.
Form 1040 (2021)									Page

(Form 1040)					2021
	ent of the Treasury Revenue Service	 Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest informatio 	n.	AS	ttachment equence No. 01
	. ,	orm 1040, 1040-SR, or 1040-NR			ecurity number
Par		IVERU & MAHALAXMI BAZARU	886-92	2-06	507
1		unds, credits, or offsets of state and local income taxes		1	
	-			2a	
b		inal divorce or separation agreement (see instructions) ►			
3		come or (loss). Attach Schedule C		3	
4		or (losses). Attach Form 4797		4	
5	Rental real Schedule E	estate, royalties, partnerships, S corporations, trusts, etc.		5	-12,000.
6	Farm incom	ne or (loss). Attach Schedule F	🛓	6	
7	Unemploym	nent compensation	🛓	7	
8	Other incom	ne:			
а	Net operatir	ng loss)		
b	Gambling ir	ncome			
С	Cancellation	n of debt			
d	Foreign ear	ned income exclusion from Form 2555 8d ()		
е	Taxable Hea	alth Savings Account distribution 8e			
f	Alaska Pern	nanent Fund dividends			
g	Jury duty pa	ay			
h		awards			
i	Activity not	engaged in for profit income	_		
i	Stock optio				
k	Income from	m the rental of personal property if you engaged in pr profit but were not in the business of renting such 8k			
I	• •	d Paralympic medals and USOC prize money (see) . 81			
m	Section 951	(a) inclusion (see instructions)			
n	Section 951	A(a) inclusion (see instructions) 8n			
ο	Section 461	(I) excess business loss adjustment			
р	Taxable dis	tributions from an ABLE account (see instructions) . 8p			
z	Other incom	ne. List type and amount ► 8z			
9	Total other	income. Add lines 8a through 8z		9	
10		nes 1 through 7 and 9. Enter here and on Form 1040, 1040-	SR, or	10	-12,000.
		ing Ant Netice and company to contract in the set			

Additional Income and Adjustments to Income

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

SCHEDULE 1

(Form 1040)

OMB No. 1545-0074

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions) . . . 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 Paralympicmedals and USOC prize money reported on line 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i		
j	Housing deduction from Form 2555 . . . 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
z	Other adjustments. List type and amount ► 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 02/17/22 PRO

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attach to Form	1040, 1040-SR, or 1040-NR.
www.ire.gov/SeheduleD	for instructions and the late

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.

Sequence No. 12

20

Attachment

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

Department of the Treasury

MADHU RAJ CHILIVERU & MAHALAXMI BAZARU

Your social security number 886-92-0607

AJ CHILIVERU & MAHALAXMI BAZARU

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.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, P line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	291,810.	286,231.	1,9	06.	7,485.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	.,		7	7,485.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	le dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum		with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	, ,	11			
12	Net long-term gain or (loss) from partnerships, S corporat				12	
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	15					

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 7,485.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 02/17/22 PRO

Schedule D (Form 1040) 2021

	20/02
Form	0343

Internal Revenue Service Name(s) shown on return

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury 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

Name(s) shown on return	Social security number or taxpayer identification number
MADHU RAJ CHILIVERU & MAHALAXMI BAZARU	886-92-0607

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Crypto LLC	01/01/21	12/31/21	225,365.	220,517.			4,848.
Robinhood Securities LLC	01/01/21	12/31/21	66,445.	65,714.	W	1,906.	2,637.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			291,810.	286,231.		1,906.	7,485.

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

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

	EDULE E			Su	pplementa	l Inc	ome a	and Lo	SS			OMB	No. 1545-0074
(Form	n 1040)	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							i.)	21			
Departm	ent of the Treasury				h to Form 1040							<u> </u>	hment
	Revenue Service (99)		▶ (Go to <i>www.irs.go</i>	ov/ScheduleE fo	or inst	ructions	and the	atest	information.		Sequ	ence No. 13
									ocial securi	-			
-	IU RAJ CHIL											-92-060	
Part				n Rental Real E		-		-			-	• •	
. D'				tions. If you are a									
	d you make any						. ,						
<u> </u>	Yes," did you o			property (street,								••□	Yes 🗌 No
A		ess 01 e	eacrip	roperty (street,	City, State, Zir	COUE	=)						
B													
<u> </u>													
1b	Type of Pro	pertv	2	For each rental	real estate pror	oertv l	isted		Fair	Rental	Perso	nal Use	0.11/
	(from list be			above, report th personal use da if you meet the	e number of fa	ir rent	al and		D	Days	D	ays	QJV
Α	2			if vou meet the l	requirements to	o file a	ox oniy s a	Α		365		0	
В				qualified joint ve	enture. See inst	ructio	ns.	В					
С								С					
Туре	of Property:												
1 Sing	gle Family Resid	dence	3	Vacation/Short	-Term Rental	5 La	nd		7 Self-	Rental			
	ti-Family Reside	ence	4	Commercial		6 Ro	yalties		8 Othe	r (describe)			
Incom	-				Properties:			Α		В			С
3						3			600.				
4		ived .				4							
Exper						-							
5						5							
6				tions)		6		1	700				
7 8						7		⊥,	700.				
о 9						9							
10				al fees		10							
11	-	-				11		1	200.				
12	-			anks, etc. (see i		12		,	200.				
13		•			,	13							
14						14		3,	000.				
15	-					15			000.				
16	Taxes					16							
17	Utilities					17		3,	700.				
18	Depreciation e	xpense	or de	pletion		18							
19	Other (list) 🕨					19							
20	Total expenses	s. Add li	ines 5	through 19 .		20		12,	600.				
21				(rents) and/or 4									
	· · ·			ctions to find ou				1.0					
						21		-12,	000.				
22				e loss after limi			,	10.0		1			
020				ions)		22	l I		00.)	(600		
23a b				d on line 3 for a d on line 4 for a			• •		23a 23b		000	·	
u c				d on line 4 for a			· · · ·		23D 23C				
d				d on line 12 for					23d				
e				d on line 20 for					23e	1 *	2,600		
24				unts shown on								4	
25				om line 21 and r			-		nter tota	al losses here		25 (12,000.
26				d royalty inco									
				d line 40 on pa									
				e 5. Otherwise,								6	-12,000.

Schedule E (Form 1040) 2021

Form 8582

Department of the Treasury

Passive Activity Loss Limitations

► See separate instructions.

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

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 20 Attachment Sequence No. 858

Identifying number 886-92-0607

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

-	-	CHILIVERU			BAZARU	
Part I		2021 Passive	A	ctivity Loss		

	Caution: Complete Parts IV and V before completing Part I.		
	al Real Estate Activities With Active Participation (For the definition of active participation, see Special sance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(12,000.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-12,000.
All Ot			
2a b c d	Activities with net income (enter the amount from Part V, column (a))2aActivities with net loss (enter the amount from Part V, column (b))2bPrior years' unallowed losses (enter the amount from Part V, column (c))2cCombine lines 2a, 2b, and 2c	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-12,000.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation								
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	tions for a	n exam	ple.		
4	Enter the smaller of the loss on line 1		4	12,000.				
5	Enter \$150,000. If married filing separ	ately, see instructi	ons		5 1	150,000.		
6	Enter modified adjusted gross income	e, but not less thar	i zero. See instruc	tions 6	;	118,300.		
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s 7 and 8 and ent	er -0-				
7	Subtract line 6 from line 5			7	,	31,700.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filir	ng separat	ely, see	instructions	8	15,850.
9	Enter the smaller of line 4 or line 8						9	12,000.
Par								
10	10 Add the income, if any, on lines 1a and 2a and enter the total							0.
11	Total losses allowed from all passiv	e activities for 20	21. Add lines 9 an	d 10. See	instruc ⁻	tions to find		
	out how to report the losses on your t	ax return					11	12,000.
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instru	ctions.			
	Nome of activity	Currer	nt year	Prior y	ears	Ove	erall ga	ain or loss
	Name of activity(a) Net income (line 1a)(b) Net loss (line 1b)(c) Unallowed loss (line 1c)(d) Gain						ı	(e) Loss
	0. 12,000.							12,000.

12,000.

Total. Enter on Part I, lines 1a, 1b, and 1c ► 0. For Paperwork Reduction Act Notice, see instructions. BAA

REV 02/17/22 PRO

Form 8582 (2021)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

	Nome of activity	Currer	Prior y	ears	Overall gain or loss				
	Name of activity	(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss
		((0 _ 0)			
								_	
Total. Enter	on Part I, lines 2a, 2b, and 2c ►								
Part VI	Use This Part if an Amour	nt Is Shown on F	Part II,	Line 9. S	ee instruc	tions.			
	Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ra	atio	(c) Specia allowance		(d) Subtract column (c) from column (a).
		E Ln 22		12,000.	1.0000	0000	12,00	0.	0.
Total				12,000.	1.0	0	12,00	0	0.
Part VII	Allocation of Unallowed L					-	,		
	Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	_OSS	(b) Ratio	(c)	Unallowed loss
			. 🕨				1.00		
Part VIII	Allowed Losses. See instru							1	
	Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	_OSS	(b) Ur	nallowed loss	(c) Allowed loss
Total .									

REV 02/17/22 PRO

Form **8582** (2021)

Do not staple or paper clip. 0098

03 05 22

Do not staple or paper clip.

2021 Ohio IT 1040

Individual Income Tax Return Use only black ink/UPPERCASE letters.



21000198 Sequence No. 1

AMENDED RETURN - Check h		NOL CARRYBACK - Check here and include Schedule IT NOL.							
Primary taxpayer's SSN (required) 886 92 0607	✓ If deceased		use's SSN (if 74 94) ✓ If decea	ased Sc	hool district # 8405		
First name MADHU RAJ			∟ast name CHILIV	ERU					
Spouse's first name (if filing jointly) MAHALAXMI			₋ast name BAZARU						
Address line 1 (number and street) or 5245 NATORP BLVD	P.O. Box								
Address line 2 (apartment number, sui APT 410	ite number, etc.)								
City				State	ZIP code	Ohio county (first four letters)		
MASON				OH	45040	WARR			
Foreign country (if the mailing address	s is outside the U.S.)			Foreign p	ostal code				
Residency Status – Check only	one for primary			Filing	Status – Check d	one (as reported o	on federal income tax	return)	
X Resident Part-year resident	Nonresident Indicate state	••		Sir	igle, head of house	ehold or qualifyin	g widow(er)		
Check only one for spouse (if filing join				X Ma	rried filing jointly		On succession OON		
X Resident Part-year resident	Nonresident Indicate state	••		Ma	rried filing separat	ely	Spouse's SSN		
Ohio Nonresident Statement	- See instructions for	or require	ed criteria						
Primary meets the five criteria for	irrebuttable presumpti	on as noi	nresident.	Fe	deral extension file	ers - check here.			
Spouse meets the five criteria for i	irrebuttable presumpti	on as nor	nresident.		omeone can claim pendent, check here		ise if filing jointly) as a	a	
1. Federal adjusted gross income (if negative			,				106300	00	
2a. Additions – Ohio Schedule of Adjus	stments, line 10 (incl	ude sch	edule)		2a.			00	
2b. Deductions – Ohio Schedule of Ad	justments, line 39 (in	clude so	chedule)		2b.			00	
3. Ohio adjusted gross income (line 1 if negative					3.		106300	00	
4. Exemption amount (include Sche Number of exemptions including you					4.		3800	00	
5. Ohio income tax base (line 3 minus				_	5.		102500	00	
6. Taxable business income – Ohio S	chedule IT BUS, line	13 (incl	ude schedu	le)	6.			00	
7. Taxable nonbusiness income (line	5 minus line 6; if neg	ative, en	ter zero)		7.		102500	00	
						MM-DI	D-YY Code		

2021 Ohio IT 1040



Individual Income Tax Return

SSN 886 92 060	7		(oturn	21000298 Sequend	ce No 2
7a.Amount from line 7 on page	:1		7а.	102500	
8a.Nonbusiness income tax lial	bility on line 7a (see instructions f	or tax tables)	8	a. 2822	00
8b. Business income tax liability	/ – Ohio Schedule IT BUS, line 14	(include schedule)	81	b.	00
8c. Income tax liability before c	redits (line 8a plus line 8b)		8	c. 2822	00
9. Ohio nonrefundable credits	!	9. 0	00		
10. Tax liability after nonrefunda	able credits (line 8c minus line 9; i	f negative, enter zero)	10	0. 2822	00
11. Interest penalty on underpage	yment of estimated tax (include (Ohio IT/SD 2210)	1	1.	00
12. Unpaid use tax (see instruct	tions)		1:	2.	00
13. Total Ohio tax liability before	ore withholding or estimated paym	nents (add lines 10, 11 a	ind 12)1	3. 2822	00
	Schedule of Ohio Withholding, pa			4. 3471	00
	yments (from Ohio IT 1040ES an			5.	00
16. Refundable credits – Ohio S	Schedule of Credits, line 44 (inclu	de schedule)	1	6.	00
17. <u>Amended return only</u> – am	nount previously paid with original	l and/or amended return	1	7.	00
18. Total Ohio tax payments (a	add lines 14, 15, 16 and 17)		1	8. 3471	00
19. <u>Amended return only</u> – ove	erpayment previously requested o	on original and/or amen	ded return1	9.	00
20. Line 18 minus line 19. Place a	a "-" in the box if negative		20	0. 3471	00
If line 20 is MORE	THAN line 13, skip to line 24. OT	HERWISE, continue to	line 21.		0.0
	20). If line 20 is negative, ignore t				00
	nt of tax (see instructions)			2.	00
	ne 21 plus line 22). Include Ohio ake check payable to "Ohio Treas			3.	00
24. Overpayment (line 20 minus	s line 13)		24	4. 649	00
	ion of line 24 carried forward to ne: ion of line 24 you wish to donate: b. Ohio History Fund	xt year's tax liability c. Nature Preserves/Sc		5.	00
00	0 0	00			
d. Breast/Cervical Cancer	r e. Wishes for Sick Children	f. Wildlife Species	Total 26g].	00
00	00	00			
	es 25 and 26g)			7. 649	00
	e read this return. Under penalties of pe ures are true, correct and complete.	erjury, I declare that, to the b	est of my knowledge	If your refund is \$1.00 or less, no refund will b If you owe \$1.00 or less, no payment is nec	
Primary signature		Phone number (602)789-4837	NO Payment Included – Mail t Ohio Department of Taxation	
				P.O. Box 2679 Columbus, OH 43270-2679	
	reparer to discuss this return with the			Payment Included – Mail to: Ohio Department of Taxation	
Preparer's printed name <u>SYAM</u>	PRIYA RAM SAGAR GUP	Phone number <u>(678)</u>	965-9522	P.O. Box 2057 Columbus, OH 43270-2057	
	Preparer's TIN	(PTIN) P 020827	03	Golumbus, OF 43270-2057	



2021 Schedule of Ohio Withholding



21350198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 11

886 92 0607

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return**.

Part A - Total Withholding

 1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040
 3471 00

Part B - 1. P/S P		Box 1 - Wages, tips, other compensation 16378 00	Box 2 - Federal income tax withheld 1953 00
	Box 15 - Employer's Ohio ID number 52565901	Box 16 - Ohio wages, tips, etc. 16378 00	Box 17 - Ohio income tax 577 00
2. P/S P	Box b - EIN 454925316	Box 1 - Wages, tips, other compensation 94264 00	Box 2 - Federal income tax withheld 8454 00
	Box 15 - Employer's Ohio ID number 54058383	Box 16 - Ohio wages, tips, etc. 94264 00	Box 17 - Ohio income tax 2894 00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax





|--|

Pa	art C -	1099-Rs
1.	P/S	Payer's TIN

Box 15 - Payer's Ohio number

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Part E - 1099-NECs 1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Payer's TIN 2. P/S

Box 6 - Payer's Ohio number

2021 Schedule of Ohio Withholding Primary taxpayer's SSN

886 92 0607

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00



21350298

Sequence No. 12

Box 7 -Distribution code distribution Box 14 - Ohio tax withheld

00

Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

> Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

Box 7 -

Total distribution

Total

Total

Total

distribution

distribution

Box 14 - Ohio tax withheld 00

Distribution code

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 5 - Ohio tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 5 - Ohio tax withheld 00

Schedule of Withholding - page 2 of 2 REV 02/14/22 PRO



MAHALAXMI BAZARU 974-94-5584 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Apt. no. 5245. NATORP BLVD 10 Check here If you, or your spouse if filing jointly, want 33 MASON OH 45040 Foreign country name Foreign province/state/country Foreign province/state/country At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Someone can claim: You as dependent Your spouse as a dependent Your spouse as a dependent Deduction Spouse iterations; (2) Social security (3) Relationship (4) V' if qualifies for (see instructions); If more than four dependents, see instructions; Immber (2) Social security (3) Relationship (4) V' if qualifies for (see instructions); If more than four dependents, see instructions; Immber Immber Immber Immber Standard Sage, salaries, tips, etc. Attach Form(s) W-2 Immber Immber Immber If are-exempt interest Immber Immber Immber Immber Immber If are availe amount. 4a Immber Immber Immber Immber If areal amane Immber Immber Imm	1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 202	21	OMB No. 1545	5-0074	IRS Us	e Only	—Do not v	write or staple	in this space.	
MADHU RAJ CHILIVERU 886-92-0607 If join return, spoule's first name and middle initial Last name Spoule's social security number MARALAXI EAZRU 974-924-5584 Home address (number and street). If you have a F0. box, see instructions. Apt. no. Presidential Election Campaign 5245 NATORP BLVD Presidential Election Campaign City, town, or post office. If you have a foreign address, also complete spaces below. State OH 410 Foreign country name Foreign province/state/country Foreign post addee you tax or refund. post affective will not change Foreign country name Foreign province/state/country Foreign post addee you tax or refund. You for spouse Standard Someone can claim: You as a dependent You re spouse as a dependent You You Spouse: Age/Blindness You: Ware borb before January 2, 1957 Are blind Spouse: Was bom before January 2, 1957 Is blind Dependents Gee instructions): (I) First name Last name In umber In under in	Check only	lf yo	u checked the MFS box, enter the n	ame of y										
If joint return, spouse's first name and middle initial Last name BZZRTU 974-94-5584 MARALAXMI BZZRTU Apt. no. 974-94-5584 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 410 Spouse's social security number 0H 45040 City, town, or post office. If you have a foreign address, also complete spaces below. OH 45040 MASON OH 45040 book will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Dependents Gree instructions; (1) First name Last name Is blind Dependents Gree instructions; (2) Social security (3) Relationship (4) V' or qualifies for cee instructions; If more 1 Ill 0, 642. 1 110, 642. 2b 121. Adgendintis, see instructions; 2a b Tax-exempt interest 2b 2b 121. Great or tax or tax or tax or tax oredit Great or tax ore tax or tax ore tax	Your first name	and mi	ddle initial	Last nar	me						Your se	ocial securi	ty number	
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Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 410 Presidential Election Campaign Check here if you, or your stop and filling jointly, want S3 to go to this tund. Checking a MASON Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Presidential Election Campaign Check here if you, or your stop to this tund. Checking a your tax or refund. At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Dedendents (see instructions): You as a dependent Your spouse as a dependent Your spouse as a dependent Image: time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Dependents (see instructions): You as a dependent Your spouse as a dependent Your spouse is an advection in the presidential Election Campaign (i) First name Is bind Attach Sch. Bif required. 20 Is bind Spouse: Yes No Standard Dependents 20 Is bind Spouse Is bind Is bind Attach Sch. Bif required. 21 Note instructions): I<	If joint return, s								Spouse	Spouse's social security number				
5245 NATORP BLVD 410 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State 2P code spouse if filling jointly, wart S3 MASON OH 45040 box below will not change your tax or refund. grouts if filling jointly, wart S3 Foreign country name Foreign province/state/county Foreign postal code your tax or refund. your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1957 Is blind Dependents, see instructions): (1) First name Last name (2) Social security (3) Relationship (4) 4' if qualifies for (see instructions): If more than four (1) First name Last name (2) Social security (3) Relationship (4) 4' if qualifies for (see instructions): If equired. 2a 3a 52. b Taxable interest 10 (2) fold tax credit Credit for other dependents See instructions 2a 3a 52. b Taxable interest <td>MAHALAX</td> <td>II</td> <td></td> <td>BAZA</td> <td>RU</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="3">974-94-5584</td>	MAHALAX	II		BAZA	RU						974-94-5584			
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Clip, Unit, Or plast clinet, if you have a foreign address, as of complete spaces below. State Chr Code to to this fund. checking a box below will not change box below will not	5245 NA'	FORP	BLVD					4	10		Check	here if you,	, or your	
MA.SON OH 45040 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse 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 Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Machine Inform (1) First name Last name (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): If more (1) First name Last name Introductions Introductions Introductions and check Interest Introductions Introductions Introductions Introductions Introductions a Qualified dividends 3a 52. b Taxable interest 2b Introductions Sb see instructions Interest Introductions Introductions Introductions Sb	City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ite	ZIP co	de					
Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes Yes No Standard Deduction Spouse itemizes on a separate refum or you were a dual-status alien Pereign position Yes Yes No Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): Child tax credit Credit for other dependents in a row Immore Imm	MASON					01	Н	450	40				0	
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Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) If qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name (2) Social security number (3) Relationship to you (4) If qualifies for (see instructions): Child tax credit Credit for other dependents, see instructions (1) First name (1) First na	Deduction		Spouse itemizes on a separate retur	n or you	were a dual-statu	us alier	י ו							
If more than four dependents, see instructions and check (1) First name Last name number to you Child tax credit Credit for other dependents see instructions and check	Age/Blindnes	S You:	Were born before January 2, 1	957	Are blind S	pouse	: 🗌 Was bo	rn befo			-			
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Attach 2a Tax-exempt interest 2a b Taxable interest 2b 121. Sch. B if required. 3a Qualified dividends 3a 52. b Ordinary dividends 3b 52. 4a IRA distributions 4a b b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7, 7, 485. 8 Other income from Schedule 1, line 10 9 106, 300. Vidwe(r), Standard deduction or itemized deductions (from Schedule A) 11 106, 300. Vidwe(r), Standard deduction or itemized deduction (see instructions) 12b 600. 600. 11 Subtract line 10 from line 9. This is your adjusted gross income 11 106, 300. Vidwe(r), Standard deduction or itemize	nere 🕨 📋													
Sch. B if required. 2a 121. 2b 121. 3a Qualified dividends 3a 52. b Taxable interest 3b 52. 4a IRA distributions 4a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 5b 5b 5a Pensions and annuities 5a b Taxable amount 5b 5b 5a Pensions and annuities 5a b Taxable amount 7 7,485. 5b Scala security benefits 6a Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7,485. 8 Other income from Schedule 1, line 10 10 10 10 10 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 106, 300. 10 9 10 from line 9. This is your adjusted gross income 11 106, 300. 11 106, 300. 11 Standard deduction or itemized de	Attach	1	u	L Í	N-2						. 1	1		
angle of the second		2a	•			bΤ	axable interes	st.			· –			
5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for- Married filing separately, \$12,550 6a Social security benefits 6a b Taxable amount 6b 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 6a 7 7, 485. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 9 106, 300. 10 11 106, 300. 10 Adjustments to income from Schedule 1, line 26 10 11 106, 300. 11 106, 300. 10 Adjustments to income from Schedule 1, line 26 10 11 106, 300. 11 106, 300. 11 106, 300. 11 106, 300. 11 12a Standard deduction or itemized deductions (from Schedule A) 12a 25, 100. 12c 25, 700. 13 Qualifying widow(er), \$38,800 C Add lines 12a and 12b 12b 600. 12c 25, 700. 14 Add lines 12c and 13 14 25, 700. 13 14 25, 700. 15 Taxable income Subtract line 14 from line 11. If ze		<u>3a</u>	Qualified dividends	3a	52.		-				. 3ł)	52.	
Standard Deduction for - 6a Social security benefits		4a	IRA distributions	4a		b⊺	b Taxable amount		nt		. 41)		
Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7,485. • Single or Married filing separately, \$12,550 8 Other income from Schedule 1, line 10 8 -12,000. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 106,300. • Married filing jointly or Qualifying widow(er), \$25,100 10 Adjustments to income from Schedule 1, line 26 10 11 Subtract line 10 from line 9. This is your adjusted gross income 10 11 106,300. 12a Standard deduction or itemized deductions (from Schedule A) 12a 25,100. 11 • Head of household, \$18,800 b Charitable contributions if you take the standard deduction (see instructions) 12b 600. • 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,700. 15 Taxable income Subtract line 14 from line 11 If zero or less enter -0- 15 80, 600		5a				bΤ	axable amour	nt	• •	•				
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Standard 14 Add lines 12c and 13 14 25,700. Deduction, 15 Taxable income Subtract line 14 from line 11. If zero or less enter -0- 15 80,600		13	Qualified business income deduct	ion from	Form 8995 or Fo	rm 899	95-A				. 13			
	Standard										. 14			
	Deduction, see instructions.	15	Taxable income. Subtract line 14	from line	e 11. If zero or les	s, ente	er-0	• •	• •		. 1	5	80,600.	

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

Form **1040** (2021)

Go to www.irs.ge	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 02/17/22 PRO			Form 1	040 (2021)
	Firr	n's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041		Firm	's EIN 🕨	30-10	17196
Use Only		n's name 🕨 GLOBAL TAX					Phor	ne no. (678)965	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/05/2022	P0208		Self-er	
Paid		parer's name				Date		2002	Check if:	mployed
		one no. (602)789-483	7 Preparer's signat	Email address	MADHURAJC	01@GMAIL.CO	M PTIN		Charle	
Keep a copy for your records.				Emelle 11	HOME MAKE	R		dentity Protection PIN, enter it here (see inst.) ►		
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation		If the	IRS ser	nt your spou	se an	
Joint return?		-			SOFTWARE	ENGINEER	Prote		N, enter it h	
Here		ief, they are true, correct, and com ur signature	plete. Declaration of	of preparer (othe Date	r than taxpayer) is b Your occupation	ased on all informatio	1	· ·	er has any kr nt you an Ide	0
Sign	Un	ne ▶ der penalties of perjury, I declare t		ed this return and		nedules and stateme	nts, and to	the bes		
Longhoo	De	signee's		Phone no. ►		Perso	onal identi per (PIN)	ication		
Third Party Designee		you want to allow another tructions	person to disc	cuss this retu	rn with the IRS?	°See . ► \Yes. Co	omplete t	below.	× No	
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Amount	37	Amount you owe. Subtract	line 33 from line	24. For details	s on how to pay,	see instructions	. 🕨	37		
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36				
See instructions.	►d	Account number 4 5 7					22			
Direct deposit?	► b	Routing number 1 2 2					Savings	000	±	,
Refund	35a	Amount of line 34 you want				•	▶ □	35a		,142.
	34	If line 33 is more than line 24					. 🕨	33		,407. ,142.
	32 33	Add lines 27a and 28 throug Add lines 25d, 26, and 32. T						32 33	10	,407.
	31	Amount from Schedule 3, lin				31	lito 🕨			
	30	Recovery rebate credit. See				30				
	29	American opportunity credit				29				
	28	Refundable child tax credit or				28				
	С	Prior year (2019) earned inco								
	b	Nontaxable combat pay elec				_				
)		January 2, 2004, and you taxpayers who are at least a	u satisfy all the	e other requi	rements for					
qualifying child, attach Sch. EIC.	27a	Check here if you were k				27a		-		
If you have a	26	2021 estimated tax payment Earned income credit (EIC)		• •		1 1	• •	26		
	d	Add lines 25a through 25c						25d	10	,407.
	C	Other forms (see instructions				25c			1.0	407
	b	Form(s) 1099				25b		-		
	а	Form(s) W-2					,407.	-		
	25	Federal income tax withheld								
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	9	,265.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9	,265.
	21	Add lines 19 and 20						21		
	20	Amount from Schedule 3, lin	ie8					20		
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Schedul	e 8812		19		
	18	Add lines 16 and 17 .						18	9	,265.
	17	Amount from Schedule 2, lin						17		
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	9	,265.
Form 1040 (2021)									Page 2

(Form 1040)				2021	
	ent of the Treasury Revenue Service	 Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information 	n.	A S	ttachment equence No. 01
	. ,	orm 1040, 1040-SR, or 1040-NR			ecurity number
Par		IVERU & MAHALAXMI BAZARU	886-92	2-06	07
1		unds, credits, or offsets of state and local income taxes		1	
	-			2a	
b		inal divorce or separation agreement (see instructions) \blacktriangleright			
3		come or (loss). Attach Schedule C		3	
4		or (losses). Attach Form 4797		4	
5	Rental real Schedule E	estate, royalties, partnerships, S corporations, trusts, etc.		5	-12,000.
6	Farm incom	e or (loss). Attach Schedule F		6	
7	Unemploym	nent compensation	🛓	7	
8	Other incom	ne:			
а	Net operatir	ng loss)		
b	Gambling in	ncome			
С	Cancellatior	n of debt			
d	Foreign ear	ned income exclusion from Form 2555 8d ()		
е	Taxable Hea	alth Savings Account distribution 8e			
f	Alaska Pern	nanent Fund dividends			
g	Jury duty pa	ay			
h		awards			
i	Activity not	engaged in for profit income			
i	Stock option				
k	Income fror	m the rental of personal property if you engaged in or profit but were not in the business of renting such 8k			
I	• •	d Paralympic medals and USOC prize money (see			
m	Section 951	(a) inclusion (see instructions)			
n	Section 951	A(a) inclusion (see instructions)			
0	Section 461	(I) excess business loss adjustment			
р	Taxable dist	tributions from an ABLE account (see instructions) . 8p			
z	Other incom	ne. List type and amount ► 8z			
9	Total other i	income. Add lines 8a through 8z]	9	
10	Combine lir 1040-NR, lir	nes 1 through 7 and 9. Enter here and on Form 1040, 1040- ne 8		10	-12,000.
		ion Act Nation and some ter set of instructions	-		

Additional Income and Adjustments to Income

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

SCHEDULE 1

(Form 1040)

OMB No. 1545-0074

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i		
j	Housing deduction from Form 2555 . . . 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
z	Other adjustments. List type and amount ► 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 02/17/22 PRO