

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name BHANUPRAKASH NALLABOTHULA	Social security number 175-65-4766
Spouse's name	Spouse's social security number

## Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income . . . . .	1	91,772.
2	Total tax . . . . .	2	13,106.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	16,998.
4	Amount you want refunded to you . . . . .	4	3,892.
5	Amount you owe . . . . .	5	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of 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. 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	4	7	6	6
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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 

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

Enter five digits, but don't enter all zeros

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**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial BHANUPRAKASH		Last name NALLABOTHULA		Your social security number 175-65-4766
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 8054 EXCHANGE DR			Apt. no. 1313	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. AUSTIN		State TX	ZIP code 78754	
Foreign country name		Foreign province/state/county	Foreign postal code	

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  
 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): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name		Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
	Child tax credit	Credit for other dependents						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						

Attach Sch. B if required.  <b>Standard Deduction for—</b> • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b> 100,338.	
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b> 34.	<b>3b</b> Taxable interest . . . . .	<b>3b</b> 34.
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>4b</b> Ordinary dividends . . . . .	<b>4b</b>
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	<b>5b</b> Taxable amount . . . . .	<b>5b</b>
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	<b>6b</b> Taxable amount . . . . .	<b>6b</b>
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .		<b>7</b>	<input type="checkbox"/>
	<b>8</b> Other income from Schedule 1, line 10 . . . . .		<b>8</b>	-8,600.
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .		<b>9</b>	91,772.
	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .		<b>10</b>	
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .		<b>11</b>	91,772.
	<b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b> 12,550.	<b>12b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b> 300.
	<b>12c</b> Add lines 12a and 12b . . . . .		<b>12c</b>	12,850.
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .		<b>13</b>	
	<b>14</b> Add lines 12c and 13 . . . . .		<b>14</b>	12,850.
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b>	78,922.	

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	13,106.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	13,106.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	13,106.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	13,106.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	16,998.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	16,998.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float:right">No</span>	<b>27a</b>	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	16,998.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	3,892.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	3,892.
Direct deposit? See instructions.	<b>b</b> Routing number 1 1 1 0 0 0 0 2 5 <b>c</b> Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
	<b>d</b> Account number 4 8 8 1 0 8 1 6 9 6 4 3		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

If you have a qualifying child, attach Sch. EIC.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation BUSINESS ANALYST	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (585) 500-3374 Email address GPMBHANU2011@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/06/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522 Firm's EIN 30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

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

Your social security number  
175-65-4766

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-8,600.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling income . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution . . . . .	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends . . . . .	<b>8f</b>	
<b>g</b>	Jury duty pay . . . . .	<b>8g</b>	
<b>h</b>	Prizes and awards . . . . .	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income . . . . .	<b>8i</b>	
<b>j</b>	Stock options . . . . .	<b>8j</b>	
<b>k</b>	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 . . . . .	<b>8k</b>	
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>	
<b>z</b>	Other income. List type and amount ▶ _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-8,600.

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .	▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
<b>i</b>	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 . . . . .	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount ▶ _____	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>	

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**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.  
▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **13**

Name(s) shown on return

BHANUPRAKASH NALLABOTHULA

Your social security number

175-65-4766

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)  
**A** 6/5/460, RAMNAGAR ANANTAPUR ANDHRA PRADESH IN 515001  
**B**  
**C**

<b>1b</b>	Type of Property (from list below)	<b>2</b>	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b>	680.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>	90.		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>	240.		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	650.		
<b>8</b> Commissions . . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	850.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest . . . . .	<b>13</b>			
<b>14</b> Repairs . . . . .	<b>14</b>	3,200.		
<b>15</b> Supplies . . . . .	<b>15</b>	2,300.		
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>	1,950.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	9,280.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>	-8,600.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( 8,600. )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		680.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		9,280.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 8,600. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>			-8,600.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -8,600.

Schedule E (Form 1040) 2021

Form 43 2021 Part-year Resident and Nonresident Income Tax Return

Amended Return? Check the box. See page 15 of the instructions for reasons to amend, and enter the number that applies.

For calendar year 2021 or fiscal year beginning , ending

Please Print or Type Your first name and initial, Last name, Your Social Security number (required), Spouse's first name and initial, Last name, Spouse's Social Security number (required), Current mailing address, City, State, ZIP code

If the IRS considers you or your spouse a nonresident alien, check here.

Residency Status Check one for yourself and one for your spouse, if a joint return. Resident, Idaho Resident on Active Military Duty, Nonresident, Part-year Resident, Military Nonresident

Enter the full months in Idaho this year. Yourself 10 Spouse Enter your current state's abbreviation. Yourself TX Spouse

Filing Status. Check only one box. If married filing jointly or separately, enter spouse's name and Social Security number above. 1. Single 2. Married filing jointly 3. Married filing separately 4. Head of household 5. Qualifying widow(er) with qualifying dependents

Household See instructions, page 16. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a and 6b, if they apply. 6a. Yourself 1 6b. Spouse 6c. Dependents 6d. Total household 1 List your dependents below.

Idaho Income See instructions, page 16. Idaho Amounts table with 20 rows: 7. Wages, salaries, tips, etc. 8. Taxable interest income 9. Dividend income 10. Alimony received 11. Business income or (loss) 12. Capital gain or (loss) 13. Other gains or (losses) 14. IRA distributions (taxable amount) 15. Pensions and annuities (taxable amount) 16. Rents, royalties, partnerships, S corporations, trusts, etc. 17. Farm income or (loss) 18. Unemployment compensation 19. Other income. Include explanation 20. Total Income. Add lines 7 through 19

Continue to page 2.



		Column A - Federal		Column B - Idaho	
<b>Idaho Adjustments</b>	<b>See instructions, page 17.</b>				
	21. Deductions for IRAs, health savings accounts, and IRC 501(c)(18)(D) retirement plan .....	21			00
	22. Moving expenses, alimony paid, and student loan interest .....	22			00
	23. Deductions for self-employment tax, health insurance, and qualified retirement plans .....	23			00
	24. Penalty on early withdrawal of savings .....	24			00
	25. Other deductions. See instructions .....	25			00
	26. <b>Total Adjustments.</b> Add lines 21 through 25 .....	26			00
	27. <b>Adjusted Gross Income.</b> Subtract line 26 from line 20 .....	27		90434	00
	28. Enter amount from federal Form 1040, line 11. Enter amount from line 27 in Column B .....	28	91772	00	90434 00
	29. Additions from Form 39NR, Part A, line 5. Include Form 39NR .....	29		00	00
	30. Subtractions from Form 39NR, Part B, line 27. Include Form 39NR .....	30		00	00
	31. <b>Total Adjusted Income.</b> Add lines 28 and 29 minus line 30 .....	31	91772	00	90434 00
<b>Standard Deduction for Most People</b>  Single or Married Filing Separately: \$12,550  Head of Household: \$18,800  Married Filing Jointly or Qualifying Widow(er): \$25,100	32. Check	a. If age 65 or older ..... <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse b. If blind ..... <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse c. If your parent or someone else can claim you as a dependent, check here and enter zero on line 63 .. <input type="checkbox"/>			
	33. Itemized deductions. Include federal Schedule A. Federal limits apply .....	33			00
	34. State and local income or general sales taxes included on federal Schedule A .....	34			00
	35. Subtract line 34 from line 33. If you don't use federal Schedule A, enter zero .....	35			00
	36. Enter the standard deduction for your filing status. See instructions, page 19, to determine amount if not standard .....	36		12850	00
	37. Enter the <b>larger</b> of line 35 or line 36.....	37		12850	00
	38. Idaho percentage. Divide line 31, Column B, by line 31, Column A .....	38		98.54	%
	39. Multiply amount on line 37 by the percentage on line 38 and enter the result here .....	39		12662	00
	40. Qualified business income deduction .....	40			00
	41. Idaho taxable income. Subtract lines 39 and 40 from line 31, Column B .....	41		77772	00
42. <b>Tax</b> from table or rate schedule. See instructions, page 53 .....	42		4812	00	
<b>Credits</b>	43. Income tax paid to other states. Include Form 39NR and other states' returns .....	43			00
	44. Total credits from Form 39NR, Part E, line 4. Include Form 39NR .....	44			00
	45. Total business income tax credits from Form 44, Part I, line 10. Include Form 44 .....	45			00
	46. Idaho Child Tax Credit. Computed amount from worksheet on page 21 .....	46		0	00
	47. Line 42 minus lines 43 through 46. If less than zero, enter zero .....	47		4812	00
<b>Other Taxes</b>	48. Fuels use tax due. Include Form 75 .....	48			00
	49. <b>Sales/use tax due on untaxed purchases (online, mail order, and other)</b> .....	49			00
	50. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44 .....	50			00
	51. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER .....	51			00
	52. Permanent building fund tax. Check the box if you received Idaho public assistance payments for 2021..... <input type="checkbox"/>	52		10	00
	53. <b>Total Tax.</b> Add lines 47 through 52 .....	53		4822	00

Continue to page 3.





<b>Donations</b>	I want to donate to:			
	54. Idaho Nongame Wildlife Fund .....	▪ _____	55. Idaho Children's Trust Fund .....	▪ _____
	56. Special Olympics Idaho .....	▪ _____	57. Idaho Guard and Reserve Family ...	▪ _____
	58. American Red Cross of Idaho Fund ..	▪ _____	59. Veterans Support Fund .....	▪ _____
	60. Idaho Food Bank Fund .....	▪ _____	61. Opportunity Scholarship Program ....	▪ _____
	<b>62. Total Tax Plus Donations.</b> See instructions, page 22. Add lines 53 through 61 .....		<b>62</b>	4822

<b>Payments</b>	63. Grocery Credit. Computed amount from worksheet on page 23 .....	▪ _____	83			
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 63 .....					▪ <input type="checkbox"/>
	<b>To receive your grocery credit</b> , enter the computed amount on line 63 .....					▪ <input type="checkbox"/>
	<b>63.</b>			83	<b>00</b>	
	64. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39NR .....	▪ _____	<b>64</b>		<b>00</b>	
	65. Special fuels tax refund _____ Gasoline tax refund _____ Include Form 75 ....		<b>65</b>		<b>00</b>	
	66. Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding .....	▪ _____	<b>66</b>	5155	<b>00</b>	
	67. 2021 Form 51 estimated payments and amount applied from 2020 return .....	▪ _____	<b>67</b>		<b>00</b>	
68. Paid by entity ▪ _____ Withheld ▪ _____ ABE ▪ _____ See instructions. Include Form ID K-1s .....		<b>68</b>		<b>00</b>		
69. Tax Reimbursement Incentive credit ▪ _____ Claim of Right credit ▪ _____ See instructions .....		<b>69</b>		<b>00</b>		
<b>70. Total Payments and Other Credits.</b> Add lines 63 through 69 .....		<b>70</b>	5238	<b>00</b>		

<b>Tax Due</b>	71. <b>Tax Due.</b> If line 62 is more than line 70, subtract line 70 from line 62 .....	▪ _____	<b>71</b>		<b>00</b>
	72. Penalty ▪ _____ Interest from the due date ▪ _____ Enter total .....		<b>72</b>		<b>00</b>
	Check the box if penalty is caused by an unqualified Idaho medical savings account withdrawal .....				
	<b>73. Total Due.</b> Add lines 71 and 72. Pay online or make check payable to the Idaho State Tax Commission .....	▪ _____	<b>73</b>		<b>00</b>

<b>Refund</b>	74. <b>Overpaid.</b> If line 62 is less than 70, subtract lines 62 and 72 from line 70 .....	▪ _____	<b>74</b>	416	<b>00</b>
	75. <b>Refund.</b> Amount of line 74 to be refunded to you .....	▪ _____	<b>75</b>	416.	<b>00</b>
	76. <b>Estimated Tax.</b> Amount of line 74 to be applied to your 2022 estimated tax .....	▪ _____	<b>76</b>		<b>00</b>

77. **Direct Deposit. See instructions, page 25.**  Check if final deposit destination is outside of the U.S.

▪ Routing No. 

1	1	1	0	0	0	0	2	5
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 ▪  Checking

Type of Account:

▪ Account No. 

4	8	8	1	0	8	1	6	9	6	4	3						
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

 ▪  Savings

<b>Amended</b>	78. Total due (line 73) or overpaid (line 74) .....	<b>78</b>		<b>00</b>
	79. Refund from original return plus additional refunds .....	▪ _____	<b>79</b>	<b>00</b>
	80. Tax paid with original return plus additional tax paid .....	▪ _____	<b>80</b>	<b>00</b>
	<b>81. Amended tax due or refund.</b> Add lines 78 and 79 then subtract line 80 .....		<b>81</b>	

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions.

<b>Sign Here</b>	Your signature	Spouse's signature (if a joint return, both must sign)	Taxpayer's phone number
	▪ _____	▪ _____	(585) 500-3374
	Paid preparer's signature	Preparer's EIN, SSN, or PTIN	Preparer's phone number
	▪ _____	▪ 301017196	(678) 965-9522
Preparer's address GLOBAL TAXES LLC		State	ZIP code
2530 PEBBLE CREEK LN CUMMING		GA	30041
		Date	
		03-06-2022	

**MAIL TO:** Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056  
**Include a complete copy of your federal return.**

