Page 1



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

California   Cal								_					1	
Secure   S											1 1 1			
Present Horne Address (Number and Street or Rural Route)										Chec	ck if			
The Part Part   Part				,,										
Space   Street   Street   Street   State   S		`			oute)			1		0 7	<b>-</b> 1 8	<b>-</b> 1 9 9	) 5	
State of Residence   Important - Name of Virginia City or County in which principal place of business, emptyment, or innome source   Locality Code   Indicated   Locality Code   Indicated   Locality Code   Indicated   Ind			/E N AP'	Г 305		State	ZID Codo	· `						
Important - Name of Wignia City or County in which principal place of business, employment, or income source is located.   It NS GRORGE											-	-		
Amended Return   Reason Code     Amended Return   Reason Code       Amended Return   Reason Code	State of R	Residence			Name	e of Virginia City o	r County in which բ	orincipal pla	ce of busine	ss, employ	ment, or inc	come source	Locality C	ode
Check Applicable Return Reason Code Dependent on Another's Return Search Searc	WA				EOR	GE				[	City OF	₹ X County	099	
Dependent on Another's Return   Qualifying Farmer, Fisherman, or Merchant Seaman	Check	Amended Return Name(s) or Address Different Over than Shown on 2020 VA												
Filing Status Enter Filing Status Code in box below.  1 = Single, Federal head of household? YES   2 = Married, Filing Joint Return - both must have Virginia income 3 = Married, Filing Joint Return - both must have Virginia income 4 = Married, Filing Status Code in November of the Married, Filing Status Subjeant Subjeant of the Married, Filing Status Subjeant Subjean			Depe	endent on An	othe	r's Return	Qualifying F	armer, Fisl	nerman, or	EIC	Claimed	on federal re	eturn	
1						,	Merchant Se	eaman		\$			.00	
1 = Single. Federal head of household? YES   2 = Married, Filing Joint Return - both must have Virginia income 3 = Married, Filing Joint Return - both must have Virginia income 4 = Married, Filing Joint Return - both must have Virginia income 4 = Married, Filing Separate Returns   1	Fili	i <b>ng Status</b> Ente	r Filing Stat	us Code in b	ox h	elow		Exem	<b>ptions</b> Ad	d Section	s 1 and 2	. Enter the su	ım on Lin	e 12.
1		_	_					You	Spous Filing St	e if tatus Depe	ndents		Total Sec	tion 1
1		2 = Marrie	ed, Filing Jo	int Return - b	oth	must have Virgi		1	7 . [	] <u>.</u> Г	1 _ [	1 V \$020		
If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name						rom Any Source	е			J T	` <u> </u>	T × \$930	<b>-</b> 9.	30
1 Adjusted Gross Income from federal return - Not federal taxable income	ItΓ					avaala Casial Ca	acceptor Microsob as				Spouse Blind		Total Sec	ction 2
1       Adjusted Gross Income from federal return - Not federal taxable income.       1       47180       00         2       Additions from Schedule 763 ADJ, Line 3.       3       47180       00         3       Add Lines 1 and 2.       3       47180       00         4       Age Deduction (See instructions and the Age Deduction Worksheet).       You Enter Birth Dates above. Enter Your Age Deduction on Line 4b.       5       00         5       Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return.       5       00         6       State income tax refund or overpayment credit reported as income on your federal return.       6       00         7       Subtractions from Schedule 763 ADJ, Line 7.       7       00         8       Add Lines 4a, 4b, 5, 6, and 7.       8       00         9       Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3.       9       47180       00         10       It you do not claim itemized deductions on Line 10, enter standard deduction.       10       0       0         11       4500       00         12       Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above.       12       930       0         13       Deductions from Schedule 763 ADJ, Line 9.       13 <t< td=""><td></td><td>· ·</td><td></td><td></td><td>ie Sp</td><td>ouse's Social Se</td><td>curity Number</td><td></td><td>_</td><td>+ 🔲 +</td><td>=</td><td>X \$800</td><td>=</td><td></td></t<>		· ·			ie Sp	ouse's Social Se	curity Number		_	+ 🔲 +	=	X \$800	=	
Add Lines 1 and 2		•	· ·											
3 Add Lines 1 and 2.       3       47180       00         4 Age Deduction (See instructions and the Age Deduction Worksheet).       You 4a       00         Enter Birth Dates above. Enter Your Age Deduction on Line 4b.       Spouse       4b       00         5 Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return.       5       00         6 State income tax refund or overpayment credit reported as income on your federal return.       6       00         7 Subtractions from Schedule 763 ADJ, Line 7.       7       00         8 Add Lines 4a, 4b, 5, 6, and 7.       9       47180       00         9 Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3.       9       47180       00         10 Itemized Deductions from Virginia Schedule A, if applicable. See instructions.       10       00         11 If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions.       11       4500       00         12 Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above.       12       930       00         13 Deductions from Schedule 763 ADJ, Line 9.       13       00         14 Add Lines 10, 11, 12 and 13.       14       5430       00         15 Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.       15       417	-	•											47180	) 00
4 Age Deduction (See instructions and the Age Deduction Worksheet)														00
Enter Birth Dates above. Enter Your Age Deduction on Line 4b	<sup>3</sup> Ad	d Lines 1 and 2	2								3		47180	) <b>00</b>
5 Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return.         5         00           6 State income tax refund or overpayment credit reported as income on your federal return.         6         00           7 Subtractions from Schedule 763 ADJ, Line 7.         7         00           8 Add Lines 4a, 4b, 5, 6, and 7.         8         00           9 Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3.         9         47180         00           10 Itemized Deductions from Virginia Schedule A, if applicable. See instructions.         10         00           11 If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions.         11         4500         00           12 Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above.         12         930         00           13 Deductions from Schedule 763 ADJ, Line 9.         13         00           14 Add Lines 10, 11, 12 and 13.         14         5430         00           15 Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.         15         41750         00           16 Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only)         16         100.0 %           17 Al 1750         00           18 Income Tax from Tax Table or Tax Rate Schedule	Ent	ter Birth Dates a	bove. Enter	r Your Age D	educ	tion	·							
State income tax refund or overpayment credit reported as income on your federal return. 6 00  7 Subtractions from Schedule 763 ADJ, Line 7. 7 000  8 Add Lines 4a, 4b, 5, 6, and 7. 8 00  9 Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3. 9 47180 00  10 Itemized Deductions from Virginia Schedule A, if applicable. See instructions. 10 00  11 If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. 11 4500 00  12 Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. 12 930 00  13 Deductions from Schedule 763 ADJ, Line 9. 13 00  14 Add Lines 10, 11, 12 and 13. 14 5430 00  15 Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9. 15 41750 00  16 Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only) 16 100.0 %  17 Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16). 17 41750 00  18 Income Tax from Tax Table or Tax Rate Schedule. 18 2143 00											_			_
7       Subtractions from Schedule 763 ADJ, Line 7	5 So	cial Security Act	and equiva	lent Tier 1 R	ailro	ad Retirement A	ct benefits repo	rted on you	ır federal r	eturn	5			00
8 Add Lines 4a, 4b, 5, 6, and 7	6 Sta	ate income tax re	efund or ove	erpayment cr	edit	reported as inco	ome on your fede	eral return.			6			00
9 Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3	7 Sul	btractions from S	Schedule 76	63 ADJ, Line	7						7			00
10 Itemized Deductions from Virginia Schedule A, if applicable. See instructions	8 <b>Ad</b>	d Lines 4a, 4b,	5, 6, and 7	•							8			00
11 If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions.  11 4500 00  12 Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above.  12 930 00  13 Deductions from Schedule 763 ADJ, Line 9.  14 Add Lines 10, 11, 12 and 13.  15 Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.  16 Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).  17 Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).  18 Income Tax from Tax Table or Tax Rate Schedule.  19 00  10 41750 00  11 41750 00  12 930 00  13 20 00  14 5430 00  15 41750 00  16 100.0 %  17 41750 00  18 Income Tax from Tax Table or Tax Rate Schedule.  18 2143 00	9 Vir	ginia Adjusted	Gross Inco	ome (VAGI).	Sub	tract Line 8 fro	m Line 3				9		47180	<b>) 00</b>
Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. 12 930 00  Deductions from Schedule 763 ADJ, Line 9. 13 00  Add Lines 10, 11, 12 and 13. 14 5430 00  Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9. 15 41750 00  Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only) 16 100.0 %  Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16). 17 41750 00  Income Tax from Tax Table or Tax Rate Schedule 18 2143 00	10 Iter	mized Deductior	ns from Virg	inia Schedul	eА,	if applicable. Se	e instructions				10			00
13       Deductions from Schedule 763 ADJ, Line 9	11 If y	ou do not claim	itemized de	eductions on	Line	10, enter stand	ard deduction. S	See instrud	tions		11		4500	oo
14 Add Lines 10, 11, 12 and 13	12 Exe	emption amount	Enter the	total amount	from	the Exemption	Sections 1 and	2 above			12		930	00
15 Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9	13 De	ductions from S	chedule 760	3 ADJ, Line 9	)						13			00
16 Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only) 16 100.0 %  17 Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16) 17 41750 00  18 Income Tax from Tax Table or Tax Rate Schedule 18 2143 00  Va. Dept. of Taxation 2601044 Rev. 06/21 For Local Use XXXXX	14 <b>Ad</b>	d Lines 10, 11,	12 and 13.								14		5430	<b>00</b>
17 Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).  18 Income Tax from Tax Table or Tax Rate Schedule.  19 Va. Dept. of Taxation 2601044 Rev. 06/21 For Local Use LTD \$	15 Vir	ginia Taxable Ind	come comp	uted as a res	iden	t. Subtract Line	14 from Line 9.				15		41750	<b>00</b>
18 Income Tax from Tax Table or Tax Rate Schedule	16 Pe	rcentage from N	lonresident.	Allocation Se	ection	n on Page 2 (En	nter to one decim	nal place o	nly)		16		100.	0 %
Va. Dept. of Taxation For Local Use LTD \$ XXXXXX	17 No	nresident Taxab	le Income.	(Multiply Line	15	by percentage c	on Line 16)				17		41750	) <b>00</b>
2601044 Rev. 06/21 LID \$ XXXXX	18 Inc	ome Tax from Ta	ax Table or	Tax Rate Sch	nedu	le					18		2143	3 00
1555 REV 02/14/22 PRO ———————————————————————————————————		4 Rev. 06/21		LTD		\$						XXX	XXX	

### 2021 FORM 763 Page 2

2021	FORM 763 Page 2							
Your N	ame IAY KUMAR	Your SSN 360-23-2626						
19a	Your Virginia income tax withheld. Enclose F		VK-1		19a		2541	00
19b	Spouse's Virginia income tax withheld. Enclo						2341	00
20	2021 Estimated Tax Payments							00
21	2020 overpayment credited to 2021 estimate							00
								+
22	Extension Payment - submitted using Form 7							00
23	Credit for Low-Income Individuals or Virginia							00
24	Total credits from Schedule OSC.							00
25	Credits from Schedule CR, Section 5, Line 1,							00
26	Total payments and credits. Add Lines 19	_					2541	00
27	If Line 18 is larger than Line 26, enter the diff	erence. This is the INCOME	TAX YOU	OWE	27			00
28	If Line 26 is larger than Line 18, enter the diff	erence. This is the <b>OVERPA</b>	YMENT A	MOUNT	28		398	00
29	Amount of overpayment on Line 28 to be CREI	DITED TO 2022 ESTIMATE	DINCOME	TAX	29			00
30	Virginia529 and ABLE Contributions from Scl	hedule VAC, Part I, Line 6			30			00
31	Other Voluntary Contributions from Schedule	VAC, Section II, Line 14			31			00
32	Addition to Tax, Penalty, and Interest from en	closed Schedule 763 ADJ,	Line 21		32			00
33	Sales and Use Tax is due on Internet, mail ord				X 33			00
34	See instructions Chec Add Lines 29 through 33.			∟				00
35	If you owe tax on Line 27, add Lines 27 and 3				54			00
33	Line 34 is larger than Line 28, enter the differ www.tax.virginia.govCheck here if pa	ence. AMOUNT YOU OWE	. Enclose	payment or pay at	35			00
36	If Line 28 is larger than Line 34, subtract Line 3	4 from Line 28. This is the an	nount to be	REFUNDED TO YOU.	36		398	00
	Direct Deposit section below is not completed,	your refund will be issued b	y check.					
	T BANK DEPOSIT Your Bank Routing	Fransit Number	Your Bank	Account Number C	hecking	X S	avings	
	tic Accounts Only emational Deposits 0 6 3 1 0	7 5 1 3 1	1 9	4 0 8 3 5	8 8			
Nonr					-   -			
4	esident Allocation Percentage			A - All Sources		B - Virg	inia Sources	<u> </u>
1.	resident Allocation Percentage  Wages, salaries, tips, etc		1	A - All Sources		B - Virg	inia Sources	00
	-		}			B - Virg		
2.	Wages, salaries, tips, etc		2		0 00	B - Virg		00
2. 3.	Wages, salaries, tips, etc		2		00 00	B - Virg		00
<ol> <li>3.</li> <li>4.</li> <li>5.</li> </ol>	Wages, salaries, tips, etc		2 3 4 5		00 00 00	B - Virg		00 00 00
<ol> <li>3.</li> <li>4.</li> <li>5.</li> </ol>	Wages, salaries, tips, etc		2 3 4 5 6		0 00 00 00 00 00 00 00 00 00 00	B - Virg		00 00 00 00 00
2. 3. 4. 5. 6.	Wages, salaries, tips, etc		2 3 4 5 6 7		0 00 00 00 00 00 00 00 00 00 00 00 00 0	B - Virg		00 00 00 00
2. 3. 4. 5. 6. 7.	Wages, salaries, tips, etc	ons.	2 3 4 5 6 7 8		0 00 00 00 00 00 00 00 00 00 00 00 00 0	B - Virg		00 00 00 00 00 00
2. 3. 4. 5. 6. 7. 8.	Wages, salaries, tips, etc	ons	2 3 4 5 6 7 8 9		0 00 00 00 00 00 00 00 00 00 00 00 00 0	B - Virg		00 00 00 00 00 00
2. 3. 4. 5. 6. 7. 8. 9.	Wages, salaries, tips, etc	ons. S corporations, etc	2 3 4 5 6 7 8 9 10		0 00 00 00 00 00 00 00 00 00 00 00 00 0	B - Virg		00 00 00 00 00 00 00
2. 3. 4. 5. 6. 7. 8. 9. 10.	Wages, salaries, tips, etc	ons. S corporations, etc	2 3 4 5 6 7 8 9 10 11		O 00 00 00 00 00 00 00 00 00 00 00 00 00	B - Virg		00 00 00 00 00 00
2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	Wages, salaries, tips, etc	ons	2 3 4 5 6 7 8 9 10 11 12		0 00 00 00 00 00 00 00 00 00 00 00 00 0	B - Virg		00 00 00 00 00 00 00 00 00
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2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	Wages, salaries, tips, etc	ons. S corporations, etc  hedule 763 ADJ, Line 1  uded on Sch. 763 ADJ, Line ch column total here  ne 14 B, by Line 14 A. Comp. Enter on Page 1, Line 16	2 3 4 5 6 7 8 9 10 11 12 13 14 14 15	4718	0 00 00 00 00 00 00 00 00 00 00 00 00 0		47180 47180 100.0%	00 00 00 00 00 00 00 00 00
2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	Wages, salaries, tips, etc	ons. S corporations, etc hedule 763 ADJ, Line 1 uded on Sch. 763 ADJ, Line ch column total here ne 14 B, by Line 14 A. Comp Enter on Page 1, Line 16	2 3 4 5 6 7 8 9 10 11 12 13 14 14 15 15 15 15 15	4718  4718  I agree to obtain my Forothe best of my (our) knowled	0 00 00 00 00 00 00 00 00 00 00 00 00 0	at www.tax	47180 47180 100.0%	00 00 00 00 00 00 00 00 00 00
2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	Wages, salaries, tips, etc	ons. S corporations, etc hedule 763 ADJ, Line 1 uded on Sch. 763 ADJ, Line ch column total here ne 14 B, by Line 14 A. Comp Enter on Page 1, Line 16	2 3 4 5 6 7 8 9 10 11 12 14 14 15 14 15 15 15 15 15	4718  4718  I agree to obtain my Forothe best of my (our) knowled Number	0 00 00 00 00 00 00 00 00 00 00 00 00 0	at www.tax	47180 47180 100.0%	00 00 00 00 00 00 00 00 00 00
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2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.  I (War Signature) Spouse	Wages, salaries, tips, etc	ons. S corporations, etc hedule 763 ADJ, Line 1 uded on Sch. 763 ADJ, Line ch column total here ne 14 B, by Line 14 A. Comp Enter on Page 1, Line 16	2 3 4 5 6 7 8 9 10 11 12 13 14 15 15 15 15 15 15 Spouse's PI	4718  4718  I agree to obtain my For the best of my (our) knowler Number 327–2466	0 00 00 00 00 00 00 00 00 00 00 00 00 0	at www.tax	47180 47180 100.0%	00 00 00 00 00 00 00 00 00 00

### 2021 Schedule INC/CG

360232626

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

AKSHAY

KUMAR



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.		
Г					コ		
360232626	M	2541.	463052057	30463052057F001	47180.		

 Total VA Withholding
 SSN
 VA Withholding

 You
 360232626
 2541.

 Spouse
 Total # of W-2s,1099s & VK-1s
 01

VA-8879 Virginia Department of Taxation

# Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2021

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

Virgir	ia Submission Identification Number (SID)						
Your	Name	B Your Social Sec	curity Number				
AKSF	AY KUMAR	360-23-26	26				
	se's Name	A Spouse's Socia					
Part	I Tax Return Information	A Spouse	B Yourself				
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		47180.				
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		47180.				
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		41750.				
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		2143.				
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		2541.				
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		2011.				
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		398.				
Part			390:				
Returnumb filing a liable Virgin refund of the signar	December 31, 2021, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filling a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.						
	yer's e-File PIN: check one box only						
X	I authorize the ERO named below to enter my e-File PIN 3 2 6 2 6 as my signature on my 2021 e-file  Do not enter all zeros	ed Virginia individual inc	come tax return.				
	GLOBAL TAXES LLC						
	ERO Firm Name						
	I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN				
Your	Signature Date						
Spou	se's e-File PIN: check one box only						
	I authorize the ERO named below to enter my e-File PIN as my signature on my 2021 e-file  Do not enter all zeros	ed Virginia individual inc	come tax return.				
	ERO Firm Name						
	I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN				
Spous	se's Signature Date		<del> </del>				
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					
above Electr pen, c	Do not enter all zeros  I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2021 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.						
ERO's	Signature Date03-04	4-22					

# **£1040**

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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single  Married filing jointly [ bu checked the MFS box, enter the i son is a child but not your depender	name of								
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ity number
AKSHAY			KUM	AR					360-2	23-262	:6
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's social security numb		
Home address		er and street). If you have a P.O. box, see	e instruct	ions.				Apt. no. 305		ntial Electi	ion Campaigr
		ce. If you have a foreign address, also c	omplete (	snaces helow	Sta	ite	7IP	code			ntly, want \$3
Seattle	7001 0111	oo. If you have a folloight address, also o	ompioto (	spaces sciew.	W			109			Checking a
Foreign countr	, name			Foreign province/state			_	eign postal code		ow will not cor refund	
Foreign countr	упапте			Foreign province/state	e/Couri	ty	Fore	eigii postai code			Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interes	t in an	y virtual curre	ncy?	☐ Yes	⊠ No
Standard Deduction		neone can claim:	•			'	:				
Age/Blindnes	You	: Were born before January 2,	1957 [	Are blind S	oouse	: Was b	orn be	fore January 2	2, 1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relations	ship	<b>(4)</b> 🗸 if q	ualifies for	r (see instru	uctions):
If more	(1) F	irst name Last name		number to you				Child tax c	redit	Credit for of	ther dependents
than four											
dependents, see instruction	e										
and check											
here ►											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		47,180.
Attach	2a	Tax-exempt interest	2a		b T	axable intere	st		. 2b		
Sch. B if required.	За	Qualified dividends	3a		<b>b</b> Ordinary dividend		ends		. 3b		
required.	4a	IRA distributions	4a		b T	axable amou	ınt .		. 4b		
	5a	Pensions and annuities	5a		<b>b</b> Taxable amount				. 5b		
Standard	6a	Social security benefits	6a		b T	axable amou	ınt .		. 6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D	if required. If not red	quired	l, check here		▶ [	7		
Single or Married filing	8	Other income from Schedule 1, lin	ne 10						. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total in</b>	come				▶ 9		47,180.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10		
jointly or Qualifying	11	Subtract line 10 from line 9. This i			ome				▶ 11		47,180.
widow(er),	12a	Standard deduction or itemized	deduc	tions (from Schedu	le A)	1	2a	12,55	o. 🗀		<u> </u>
\$25,100 • Head of	b	Charitable contributions if you take		,	,	ructions) 1	2b	30	o.		
household, \$18,800	С	Add lines 12a and 12b							. 120	>	12,850.
If you checked	13	Qualified business income deduc-	tion fror	n Form 8995 or For	m 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or less	s, ente	er-0			. 15		34,330.

	16	Tax (see instructions). Check if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	3,920.
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	3,920.
	19	Nonrefundable child tax credit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	3,920.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>				. ▶	24	3,920.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 8	192.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	8,192.
	26	2021 estimated tax payments and amount a					26	·
If you have a L qualifying child,	27a	Earned income credit (EIC)			27a			
attach Sch. EIC.		Check here if you were born after Janu						
		January 2, 2004, and you satisfy all the						
		taxpayers who are at least age 18, to claim t	1 1	structions ► ∐				
	b	Nontaxable combat pay election			-			
	С	Prior year (2019) earned income						
	28	Refundable child tax credit or additional child			28		-	
	29	American opportunity credit from Form 8863			29		-	
	30	Recovery rebate credit. See instructions .			30		-	
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27a and 28 through 31. These are	-				32	
	33	Add lines 25d, 26, and 32. These are your to				. ▶	33	8,192.
Refund	34	If line 33 is more than line 24, subtract line 2			•		34	4,272.
5	35a	Amount of line 34 you want <b>refunded to you</b>					35a	4,272.
Direct deposit? See instructions.	▶b	Routing number 0 6 3 1 0 7 5		▶ c Type: 🔀	Checking	Savings		
	►d	Account number 1 1 9 4 0 8 3		1.				
	36	Amount of line 34 you want applied to your			36			
Amount You Owe	37	Amount you owe. Subtract line 33 from line			1 1	. ▶	37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party		you want to allow another person to disc tructions				omplete b	olow	<b>X</b> No
Designee		signee's	Phone			onal identif		Z NO
		ne ►	no.			ber (PIN)		
Sign		der penalties of perjury, I declare that I have examine						
Here	bel	ef, they are true, correct, and complete. Declaration of	of preparer (other	than taxpayer) is ba	sed on all informati	on of which	prepare	er has any knowledge.
11010	Yo	ur signature	Date	Your occupation				nt you an Identity
laint wat wa				SOFTWARE E	NCTNEED		inst.) ▶ [	N, enter it here
Joint return? See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupati				nt your spouse an
Keep a copy for	<b>J</b>	oues a digitation in a joint rotain, <b>2011</b> mast digiti		орошоо о ооошран	011	Ident	ity Prote	ection PIN, enter it here
your records.						(see i	nst.) 🖊	
		one no. (352) 327-2466	Email address	AKKISINGHPANG	CHAAL@GMAIL.C			
Paid	Pre	parer's name Preparer's signat	ure		Date	PTIN		Check if:
Preparer -	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/04/2022	P02082	2703	Self-employed
Use Only		n's name ▶ GLOBAL TAXES LLC				Phon	e no. (	678)965-9522
	Firr	m's address ▶ 2530 Pebble Creek L	n Cummin	g GA 30041		Firm'	s EIN ▶	30-1017196
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 02/17/22 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

Page 2

# Form **8889**

Department of the Treasury

Internal Revenue Service

AKSHAY KUMAR

**Health Savings Accounts (HSAs)** 

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

► Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment
Sequence No. 52

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

Social security number of HSA beneficiary. If both spouses

have HSAs, see instructions ► 360-23-2626

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. 2 HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, 2 0. If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for 3 3,600. Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also 4 0. 5 5 3,600. 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter . . . 6 3,600. 7 If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2021, enter your additional contribution amount. See instructions 0. 8 8 3,600. Employer contributions made to your HSAs for 2021 . . . . . . . . 9 10 11 11 450. 3,150. 12 12 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. Total distributions you received in 2021 from all HSAs (see instructions) . . . . . . . . . . . . . 14a Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional b Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

	Last-month rule		
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z,		
	and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040), Part II, line 17d	21	

BAA