

**D-400 (50)** 8-23-21 **2021 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR  
Use  
Only

For calendar year 2021, or fiscal year beginning <u>21</u> and ending _____		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
PAVANSAI JABBU 742 ARLINGTON AVENUE 2 Your SSN: 749466063 CINCINN OH 45215 Spouse's SSN: _____		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Were you granted an automatic extension to file your 2021 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased taxpayer. Date of death: _____		Year spouse died: _____
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/> Return for deceased spouse. Date of death: _____		
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2022, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	1	PP	Y	DT	N	OC	N	TPRES	N	SPRES	N	VT	N	SVT	N
JABB	742	45215	DS	N	EA	N	TD			SD				FDEXT	N
PAVANSAI		JABBU								749466063					
												OH	45215		
742	ARLINGTON AVENUE							2	CINCINNATI						
06		29470				16				0		26C			0
07		0				18	Y			0		26E			0
09		0				20A			225			EU			
10A		0				20B				0		27			0
10B		0				21A				0		29			0
11	S	Y	I	N		21B				0		30			0
11		10750				21C				0		31			0
13		01597				21D				0		32			0
14		2990				26A				0		34			68
15		157				26B				0					
TN	5132066086					PN		6789659522				PP		P02082703	



<b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> <u>68</u> <input type="checkbox"/> <b>Payment Due</b> <u>0</u>	
I declare and certify 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. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____ Date _____	Spouse's Signature (If filing joint return, both must sign.) _____ Date _____
Contact Phone No. (Include area code) <u>5132066086</u>	
<b>PAID PREPARER USE ONLY</b> If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.	
SYAM PRIYA RAM SAGAR GUPT <u>03 24 2</u> <u>6789659522</u>	<u>P02082703</u>
Preparer's Signature _____ Date _____	Preparer's Contact Phone Number (Include area code) _____
Preparer's FEIN, SSN, or PTIN _____	
<b>If REFUND, mail return to:</b> N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 <b>If you ARE NOT due a refund, mail return, any payment, and D-400V to:</b> N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640	

**D-400 Line-by-Line Information**

6.	Federal Adjusted Gross Income	6.	29470
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	29470
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	10750
12.	a. Add Lines 9, 10b, and 11	12a.	10750
	b. Subtract amount on Line 12a from Line 8	12b.	18720
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.1597
14.	N.C. Taxable Income	14.	2990
15.	N.C. Income Tax	15.	157
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	157
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	157

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	225
20b.	Spouse's tax withheld	20b.	0

**Other Tax Payments**

21a.	2021 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	225
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	225
26a.	<b>Tax Due</b>	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	<b>Pay this Amount</b>	27.	<b>0</b>
28.	<b>Overpayment</b>	28.	<b>68</b>

**Amount of Refund to Apply to:**

29.	Amount of Line 28 to be applied to 2022 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	<b>Amount to be Refunded</b>	34.	<b>68</b>

**D-400 Sch PN (50)**

8-23-21

**2021 Part-Year Resident and Nonresident Schedule**  
 North Carolina Department of Revenue

DOR  
Use  
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2021, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters)    JABBU	Your Social Security Number    749466063
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A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

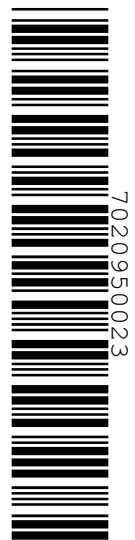
Important: Refer to the Instructions before completing this form.

NRT	Y	PYT	N		22	5107
NRS	N	PYS	N		23	31970

<b>Part A. Residency Status</b>			
Taxpayer is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began                      Date N.C. residency ended		Spouse is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began                      Date N.C. residency ended	

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

<b>Part B. Allocation of Income for Part-Year Residents and Nonresidents</b>		COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
<b>Total Income</b>			
1. Wages, Salaries, Tips, Etc.		1. 31494	5107
2. Taxable Interest		2. 0	0
3. Taxable Dividends		3. 0	0
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes		4. 0	0
5. Alimony Received		5. 0	0
6. Business Income or (Loss)		6. 0	0
7. Capital Gain or (Loss)		7. 476	0
8. Other Gains or (Losses)		8. 0	0
9. Taxable Amount of IRA Distributions		9. 0	0
10. Taxable Amount of Pensions and Annuities		10. 0	0
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.		11. 0	0
12. Farm Income or (Loss)		12. 0	0
13. Unemployment Compensation		13. 0	0
14. Taxable Portion of Social Security Benefit and Railroad Retirement Benefits		14. 0	0
15. Other Income		15. 0	0
16. Total Income		16. 31970	5107
<b>North Carolina Adjustments</b>		<b>COLUMN A</b>	<b>COLUMN B</b>
		Enter the amount from Form D-400 Schedule S	Amount of Column A subject to N.C. tax
17. Additions			
a. Interest Income From Obligations of States Other Than N.C.		17a. 0	0
b. Deferred Gains Reinvested Into an Opportunity Fund		17b. 0	0
c. Bonus Depreciation		17c. 0	0
d. IRC Section 179 Expense		17d. 0	0
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income		17e. 0	0
18. Total Additions		18. 0	0



Last Name (First 10 Characters)	JABBU	Your Social Security Number	749466063
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**Part B. Allocation of Income for Part-Year Residents and Nonresidents** (continued)

		COLUMN A Enter the amount from Form D-400 Schedule S		COLUMN B Amount of Column A subject to N.C. tax
19. Deductions				
a. State or Local Income Tax Refund	19a.	0		0
b. Interest Income From Obligations of the United States or United States' Possessions	19b.	0		0
c. Taxable Portion of Social Security and Railroad Retirement Benefits	19c.	0		0
d. Bailey Retirement Benefits	19d.	0		0
e. Bonus Asset Basis	19e.	0		0
f. Bonus Depreciation	19f.	0		0
g. IRC Section 179 Expense	19g.	0		0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h.	0		0
20. Total Deductions	20.	0		0
21. Total Income Modified by N.C. Adjustments	21.	31970		5107

**Part C. Part-Year Residents and Nonresidents Taxable Percentage**

22. Enter the Amount From Column B, Line 21				22. 5107
23. Enter the Amount From Column A, Line 21				23. 31970
24. Part-Year Residents and Nonresident Taxable Percentage				24. 0.1597

**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 PAVANSAI	Last name JABBU	Your social security number 749-46-6063
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. 742 ARLINGTON AVENUE		Apt. no. 2
City, town, or post office. If you have a foreign address, also complete spaces below. CINCINNATI		State OH
Foreign country name		ZIP code 45215
Foreign province/state/county		Foreign postal code

**Presidential Election Campaign**  
 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.  
 You  Spouse

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		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
	Last name				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>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	31,494.
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	<b>5b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		<b>7</b>	476.
	<b>8</b>	Other income from Schedule 1, line 10 . . . . .		<b>8</b>	
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		<b>9</b>	31,970.
	<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .		<b>10</b>	2,500.
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		<b>11</b>	29,470.
Standard Deduction for— • 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>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	12,550.	
	<b>b</b>	Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	300.	
	<b>c</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>	16,620.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> . . .	16	1,796.
17	Amount from Schedule 2, line 3 . . . . .	17	
18	Add lines 16 and 17 . . . . .	18	1,796.
19	Nonrefundable child tax credit or credit for other dependents 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	1,796.
23	Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b> . . . . . ▶	24	1,796.
25	Federal income tax withheld from:		
a	Form(s) W-2 . . . . .	25a	4,624.
b	Form(s) 1099 . . . . .	25b	
c	Other forms (see instructions) . . . . .	25c	
d	Add lines 25a through 25c . . . . .	25d	4,624.
26	2021 estimated tax payments and amount applied from 2020 return . . . . .	26	
27a	Earned income credit (EIC) . . . . . No	27a	
	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	Nontaxable combat pay election . . . . .	27b	
c	Prior year (2019) earned income . . . . .	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812 . . . . .	28	
29	American opportunity credit from Form 8863, line 8 . . . . .	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 your <b>total other payments and refundable credits</b> ▶	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . . ▶	33	4,624.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	34	2,828.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . ▶ <input type="checkbox"/>	35a	2,828.
b	Routing number 044000037 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 525033160 . . . . .		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b> . . ▶	36	
37	<b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions . . ▶	37	
38	Estimated tax penalty (see instructions) . . . . . ▶	38	

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

Refund

Direct deposit? See instructions.

Amount You Owe

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.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. (513) 206-6086 Email address J.PAVANSAI333@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 03/24/2022	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  
PAVANSAI JABBU

Your social security number  
749-46-6063

**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>	
<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>	

**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>	2,500.
<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>	2,500.



**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

PAVANSAI JABBU

Your social security number

749-46-6063

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
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)

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 whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	3,006.	2,789.	259.	476.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 476.

**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 whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p>	<b>16</b>	476.
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?  <input type="checkbox"/> <b>Yes.</b> Go to line 18.  <input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.   <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:  <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p> </p>	<b>21</b>	( )
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?   <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.   <input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		



-----  
*Please detach here.*  
-----

**OHIO IT 40P**

REV 03/22/22 PRO

03 24 22

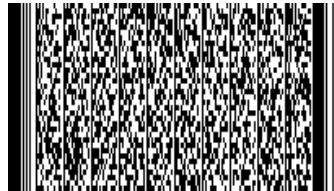
Tax Year

- Do **NOT** send cash
- Do **NOT** fold, staple, or paper clip

**Original Income Tax Payment Voucher**

**2021**

PAVANSAI JABBU



Use UPPERCASE letters  
to print the first three letters of

Taxpayer's  
last name

Spouse's last name  
(only if joint filing)

742 ARLINGTON AVENUE APT 2

JAB

CINCINNATI

OH 45215

**Make payment payable to:** Ohio Treasurer of State

**Sending with return - Mail to:** Ohio Department of Taxation,  
P.O. Box 2057, Columbus, OH 43270-2057

**Sending without return - Mail to:** Ohio Department of Taxation,  
P.O. Box 182131, Columbus, OH 43218-2131

VRN

**98**

**Amount of  
Payment** →

Taxpayer's SSN

749 46 6063

Spouse's SSN  
(only if joint filing)

\$

317.00

749466063 3 0521 5 000000000 0 402



03 24 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 749 46 6063 If deceased Spouse's SSN (if filing jointly) If deceased School district # 0101

First name PAVANSAI M.I. Last name JABBU

Spouse's first name (if filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 742 ARLINGTON AVENUE

Address line 2 (apartment number, suite number, etc.) APT 2

City CINCINNATI State OH ZIP code 45215 Ohio county (first four letters) HAMI

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Residency Status - Check only one for primary Filing Status - Check one (as reported on federal income tax return) Ohio Nonresident Statement - See instructions for required criteria Federal extension filers - check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY Code

2021 Ohio IT 1040 Individual Income Tax Return



SSN 749 46 6063

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1, 8a. Nonbusiness income tax liability, 8b. Business income tax liability, 8c. Income tax liability before credits, 9. Ohio nonrefundable credits, 10. Tax liability after nonrefundable credits, 11. Interest penalty on underpayment of estimated tax, 12. Unpaid use tax, 13. Total Ohio tax liability, 14. Ohio income tax withheld, 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments, 19. Amended return only, 20. Line 18 minus line 19, 21. Tax due, 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE, 24. Overpayment, 25. Original return only, 26. Original return only (donations), 27. REFUND.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature \_\_\_\_\_ Phone number (513) 206-6086
Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679
Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



# 2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

749 46 6063



21280198

Sequence No. 7

03 24 22

## Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c) .....	1.	403 00
2. Retirement income credit (see instructions for table; <b>include 1099-R forms</b> ) .....	2.	00
3. Lump sum retirement credit (see instructions for worksheet; <b>include a copy</b> ) .....	3.	00
4. Senior citizen credit (must be 65 or older to claim this credit) .....	4.	00
5. Lump sum distribution credit (see instructions for worksheet; <b>include a copy</b> ) .....	5.	00
6. Child care & dependent care credit (see instructions for worksheet; <b>include a copy</b> ) .....	6.	00
7. Displaced worker training credit (see instructions for all required documentation; <b>include copies</b> ) .....	7.	00
8. Campaign contribution credit for Ohio statewide office or General Assembly .....	8.	0 00
9. Income-based exemption credit (\$20 times the number of exemptions) .....	9.	20 00
10. Total (add lines 2 through 9) .....	10.	20 00
11. Tax less credits (line 1 minus line 10; if negative, enter zero) .....	11.	383 00
12. Joint filing credit (see instructions for table).      % times line 11, up to \$650 .....	12.	0 00
13. Earned income credit .....	13.	00
14. Home school expenses credit .....	14.	00
15. Scholarship donation credit .....	15.	00
16. Nonchartered, nonpublic school tuition credit .....	16.	00
17. Ohio adoption credit .....	17.	00
18. Nonrefundable job retention credit ( <b>include a copy of the credit certificate</b> ) .....	18.	00
19. Credit for eligible new employees in an enterprise zone ( <b>include a copy of the credit certificate</b> ) ...	19.	00
20. Grape production credit .....	20.	00
21. InvestOhio credit ( <b>include a copy of the credit certificate</b> ) .....	21.	00
22. Lead abatement credit ( <b>include a copy of the credit certificate</b> ) .....	22.	00
23. Opportunity zone investment credit ( <b>include a copy of the credit certificate</b> ) .....	23.	00
24. Technology investment credit carryforward ( <b>include a copy of the credit certificate</b> ) .....	24.	00
25. Enterprise zone day care & training credits ( <b>include a copy of the credit certificate</b> ) .....	25.	00
26. Research & development credit ( <b>include a copy of the credit certificate</b> ) .....	26.	00



# 2021 Ohio Schedule of Credits

Primary taxpayer's SSN  
749 46 6063



21280298

Sequence No. 8

27. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate).....	27.	00
28. Total (add lines 12 through 27) .....	28.	0 00
29. Tax less additional credits (line 11 minus line 28; if negative, enter zero).....	29.	383 00

**Nonresident Credit**

Dates of Ohio residency	to	Other state of residency	
30. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) .....			00
31. Ohio adjusted gross income (Ohio IT 1040, line 3).....			00
32a. Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000) .....	32a.		
32. Nonresident credit (line 29 times line 32a) .....	32.		00

**Resident Credit**

33. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident - Ohio IT RC, line 1a (include a copy) .....	33.	5107 00	
34. Ohio adjusted gross income (Ohio IT 1040, line 3).....	34.	29470 00	
35a. Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000).....	35a.	0.1732	
35. Line 29 times line 35a .....	35.	66 00	
36. 2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy) .....	36.	157 00	
37. Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax .....	37.		66 00
NC			
38. <b>Total nonrefundable credits</b> (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) ..	38.		86 00

**Refundable Credits**

39. Refundable Ohio historic preservation credit (include a copy of the credit certificate).....	39.	00
40. Refundable job creation credit & job retention credit (include a copy of the credit certificate) .....	40.	00
41. Pass-through entity credit (include a copy of the Ohio IT K-1s).....	41.	00
42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....	42.	00
43. Venture capital credit (include a copy of the credit certificate) .....	43.	00
44. <b>Total refundable credits</b> (add lines 39 through 43; enter here and on Ohio IT 1040, line 16).....	44.	00





## IT RC – Ohio Resident Credit Calculation

Use this form for tax years 2020 and forward.

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Include a copy of this form when filing your Ohio IT 1040.

Taxpayer name PAVANSAI JABBU	SSN 749 46 6063
---------------------------------	--------------------

List any income taxed and any taxes paid to each state next to its postal abbreviation and list any income taxed and taxes paid to the District of Columbia next to "DC." You should include taxes paid on a composite income tax return if the taxes were not deductible in computing your federal adjusted gross income. Only income included in your Ohio adjusted gross income is eligible for this credit.

States without an income tax are not listed; do not include income earned or received in those states on this form. Additionally, full-year nonresidents are not entitled to this credit and should not use this form.

**Important:** Do not list any income in column A if you do not have tax paid in column B. Do not list a tax paid in column B if you do not have income taxed in column A.

	(A) Income Taxed		(B) Tax Paid		(A) Income Taxed		(B) Tax Paid
AL	00		00		MN	00	00
AR	00		00		MO	00	00
AZ	00		00		MS	00	00
CA	00		00		MT	00	00
CO	00		00		NC	5107 00	157 00
CT	00		00		ND	00	00
DC	00		00		NE	00	00
DE	00		00		NH	00	00
GA	00		00		NJ	00	00
HI	00		00		NM	00	00
IA	00		00		NY	00	00
ID	00		00		OK	00	00
IL	00		00		OR	00	00
IN	00		00		PA	00	00
KS	00		00		RI	00	00
KY	00		00		SC	00	00
LA	00		00		UT	00	00
MA	00		00		VA	00	00
MD	00		00		VT	00	00
ME	00		00		WI	00	00
MI	00		00		WV	00	00

1a. **Ohio Adjusted Gross Income Taxed by Other States and the District of Columbia** (sum of all Column A amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits .... 1a. 5107 00

1b. **Tax Paid to Other States and the District of Columbia** (sum of all Column B amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits..... 1b. 157 00



16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	1,796.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	1,796.
19	Nonrefundable child tax credit or credit for other dependents 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	1,796.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	1,796.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	4,624.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	4,624.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) <span style="float:right">No</span>	27a	
	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	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	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 your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	4,624.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,828.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,828.
b	Routing number 044000037 <input type="checkbox"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 525033160		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	36	
37	<b>Amount you owe.</b> Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	

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

Refund

Direct deposit? See instructions.

Amount You Owe

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.

Joint return? See instructions. Keep a copy for your records.

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

Phone no. (513) 206-6086 Email address J.PAVANSAI333@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 03/24/2022	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  
PAVANSAI JABBU

Your social security number  
749-46-6063

**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>	
<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>	

**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>	2,500.
<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>	2,500.