Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	ver's name	Social security n	umber					
GAU	ITAM RAHUL SIDDOJU	221-67-2	221-67-2562					
Spouse	s's name	Spouse's social s	security number					
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (Enter	er 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 77,968.					
2	Total tax		2 10,069.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 12,068.					
4	Amount you want refunded to you	4	4 2,573.					
5			5					

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

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

Taxpayer's PIN: check one box only

				FBO firm name	c	Ē	ľ
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-
			-			1 /	ļ

7	2	5	6	2	as mv
Ent don	asiny				

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

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

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

			as my
	/e dig		

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

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

Spouse's signature ►	Date I					 		
Practitioner PIN Method Returns Only—continu	e be	ow						
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		 	6 all zer	 9	89	

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 >			
ERO Must Retain Th Don't Submit This Form to t			
For Paperwork Reduction Act Notice, see your tax return instructio	ons. BAA	REV 03/12/22 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No.	1545-0	074 IRS U	se Only	–Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly D u checked the MFS box, enter the n on is a child but not your dependent	ame of y	-	separately ouse. If you	. ,				,		, ,	ow(er) (QW) ne qualifying
Your first name	and mi	ddle initial	Last na	me							Your so	cial securi	y number
GAUTAM I	RAHUI	L	SIDE	OJU							221-	67-256	2
If joint return, s	oouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number
N168W21 City, town, or p	790 B	r and street). If you have a P.O. box, see MAIN STREET ce. If you have a foreign address, also co			low.	Sta			Apt. no.		Check spouse	here if you, if filing joir	on Campaign or your tly, want \$3 Checking a
JACKSON						W.	I		53037		1	low will not	0
Foreign countr	/ name		F	oreign p	rovince/stat	e/coun	ty	F	oreign postal	code	your ta	x or refund.	Spouse
At any time du	ring 20	021, did you receive, sell, exchange,	or othe	rwise di	spose of a	ny fina	ancial inter	est in	any virtual	curre	ncy?	Yes	X No
Standard Deduction Age/Blindness		eone can claim: You as a de Spouse itemizes on a separate return Were born before January 2, 1	n or you		dual-statu		_		before Jan	uary 2	2 1957	Is bl	ind
		•										er (see instru	
Dependent		rst name Last name		(2) :	Social secur number	ity	(3) Relati to yo			tax c			her dependents
lf more than four	(1).1										loan		
dependents,													<u> </u>
see instruction and check	s ——									$\overline{\Box}$			
here										\Box			
	1	Wages, salaries, tips, etc. Attach F	- orm(s) \	N-2 .							. 1		86,634.
Attach	2a	-	2a			bТ	axable inte	erest			. 2k		
Sch. B if	3a	Qualified dividends	3a		27.		Ordinary div		ls		. 3t)	27.
required.	4a	IRA distributions	4a				axable am				. 4t)	
	5a	Pensions and annuities	5a			bТ	axable am	iount .			. 5k)	
Standard	6a	Social security benefits	6a			bТ	axable am	iount .			. 6t)	
 Deduction for – Single or 	7	Capital gain or (loss). Attach Schee	dule D if	require	d. If not re	quired	, check he	ere .			7		7.
Married filing	8	Other income from Schedule 1, lin	e10 .								. 8		-8,700.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	'his is yo	our total in	come					▶ 9		77,968.
 Married filing iointly or 	10	Adjustments to income from Sche	dule 1, l	ine 26							. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is		-	•						► <u>11</u>		77,968.
widow(er), \$25,100	12a	Standard deduction or itemized		•		,	· ·	12a	12	,55			
 Head of household, 	b	Charitable contributions if you take			```		,	12b		30			
\$18,800	С				· · ·					-			12,850.
 If you checked any box under 	13	Qualified business income deduction											10 050
Standard Deduction,	14												12,850.
see instructions.	15	Taxable income. Subtract line 14	trom lin	e 11. If z	ero or les:	s, ente	er-U			•	. 15		65,118.

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	10,069.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	10,069.
	19	Nonrefundable child tax cred	lit or credit for o	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	10,069.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	10,069.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 12	,068.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c						25d	12,068.
If you have a	26	2021 estimated tax payment			3.7			26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a			
		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least ag	,		_				
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or		L	Schedule 8812	28			
	29	American opportunity credit				29		1	
	30	Recovery rebate credit. See				30	574.		
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug					lits 🕨	32	574.
	33	Add lines 25d, 26, and 32. Th		•				33	12,642.
Defined	34	If line 33 is more than line 24						34	2,573.
Refund	35a	Amount of line 34 you want						35a	2,573.
Direct deposit?	►b	Routing number 1 2 1					Savings		
See instructions.	►d	Account number 9 0 0					0		
	36	Amount of line 34 you want a	pplied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another				? See			
Designee		tructions	•				omplete b	elow.	X No
		signee's		Phone			onal identif		
		ne 🕨		no. 🕨			ber (PIN) 🕨		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and comp							
Here		ur signature		Date	Your occupation				t you an Identity
	. 10	ul signature		Date					N, enter it here
Joint return?					IT SECURI	TY ENGINEER	(see i	nst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupa	tion			t your spouse an
Keep a copy for your records.	,							nst.) 🕨 🔽	ction PIN, enter it here
	b	(510) 501 212	2			100000777 00			
		one no. (510) 501-3139 parer's name	9 Preparer's signat	Email address	SKGOUTHAM	12@GMAIL.CC Date	PTIN		Check if:
Paid			, ,		רווסשא שאדדאא				Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		ram sagar	GUPIA TALLAN	1 03/24/2022	P02082		
Use Only		n's name ► GLOBAL TAX n's address ► 2530 Pebbl		n Cummin	~ Cλ 20041				<u>678)965-9522</u>
					2		Firm	s EIN 🕨	30-1017196
Go to www.irs.g	ov/Forn	11040 for instructions and the lates	st information.		BAA	REV 03/12/22 PRO			Form 1040 (2021)

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

OMB No. 1545-0074 2021 Attachment

Internal Revenue Service	-	Sequence No. 01	
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
GAUTAM RAHUL SI	IDDOJU	221-67	-2562

GAUTAM RAHUL SIDDOJU Part L Additional Income

Fai				
1	Taxable refunds, credits, or offsets of state and local income taxe	s	1	
2 a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	<u> </u>		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E		5	-8,700.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such			
	Property	8k	_	
	instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
ο	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions).	8p		
z	Other income. List type and amount			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 11040-NR, line 8		10	-8,700.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 1 (Form 1040) 2021

Schedule 1 (Form 1040) 2021

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

REV 03/12/22 PRO

BAA

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

20 2 1 Attachment Sequence No. 12

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

Department of the Treasury

GAUTAM RAHUL SIDDOJU

Your social security number

221-67-2562

Did you	l dispose of	any investn	nent(s) in a	qualified op	portunity fu	and during th	ie tax year?	∐ Yes	X No	
If "Yes,	" attach For	rm 8949 and	l see its inst	tructions for	r additional	requirement	s for reporting	your gain o	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 th 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 frr Form(s) 8949, Pa line 2, column (ırt I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	52.	45.			7.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions			-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .	, ,	7	7.

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

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

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

REV 03/12/22 PRO

Schedule D (Form 1040) 2021

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Name(s) shown on return	Social security number or taxpayer identification number
GAUTAM BAHUL SIDDOJU	221-67-2562

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g)
Robinhood Securities LLC	05/05/21	12/12/21	52.	45.			7.
2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 1b (if Box A abor above is checked), or line 3 (if Box	tal here and inc ve is checked), li	lude on your ne 2 (if Box B	52.	45.			7.

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

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

SCHEE	DULE E
(Form ⁻	1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

OMB No. 1545-0074

Attachment Sequence No. 13

21

20

(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 for instructions and the latest information.

()	shown on return									r social s	-	numbe	r
-	AM RAHUL SIDDOJ									1-67-			
Part			ntal Real Estate and Ro									perty,	use
			If you are an individual, rep										
			that would require you t		• • •								
			ired Form(s) 1099?								<u> </u>	S	No
<u>1a</u>			rty (street, city, state, ZI										
<u>A</u>	HNO: 6-28, ROAL	D NO: 3	VIHARIKA COLONY H	PEERZA	ADIGUDA	A MED	IPALL	Y HYDERA	ABAD	TELAN	GANA	IN 5	00060
B													
<u>C</u>								D	-				
1b	Type of Property	2 For e	each rental real estate pro	perty li	sted			Rental	Per	sonal U	se	QJ	V
	(from list below)	- perso	e, report the number of fa	QJV b	ox only –	•		Days		Days			
	3	I IT YOU	a meet the requirements t fied joint venture. See ins	o file as	sa	A		365		0]
B C		- 400		action		B C]
	f Duon out u					C							
	of Property:		tion/Chart Tarm Dantal	E l or	d	-		Dontal					
-	le Family Residence		ition/Short-Term Rental mercial				7 Self-		`				
Incom		4 000	Properties:		yalties	A	8 Othe	r (describe)) 3			С	
3	-			3			520.		>			0	
4				4			520.						
Expen													
5	Advertising			5									
6	Auto and travel (see i			6									
7	Cleaning and mainter			7		1.	950.						
8	Commissions			8		- /							
9	Insurance			9									
10	Legal and other profe			10									
11	Management fees .			11		1.	720.						
12	-		, etc. (see instructions)	12		/							
13	Other interest			13									
14	Repairs			14		1,	650.						
15	Supplies			15			750.						
16	Taxes			16									
17	Utilities			17		2,	150.						
18	Depreciation expense	e or depleti	on	18									
19	Other (list) 🕨			19									
20	Total expenses. Add			20		9,	220.						
21	Subtract line 20 from	line 3 (rent	s) and/or 4 (royalties). If										
	result is a (loss), see	instruction	s to find out if you must										
	file Form 6198			21		-8,	700.						
22	Deductible rental rea on Form 8582 (see in		s after limitation, if any,	22	(8.7	00.)	()
23a			line 3 for all rental prop		\	•/ •	23a	(20.			,
b			line 4 for all royalty prop				23b						
c			line 12 for all properties				23c			_			
d			line 18 for all properties				23d						
e		-	line 20 for all properties				23e		9,22	20.			
24		•	shown on line 21. Do no						.	24			
25			ne 21 and rental real estate		,		nter tota	al losses her	re.	25 (8,7	00.)
26			yalty income or (loss).						F				
_*			40 on page 2 do not										
			Otherwise, include this a					on page 2		26		-8,	700.
For Pa			the separate instructions		NE			-8,70		Schod		orm 10	40) 2021

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

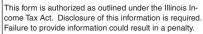
Individual Income Tax Return

Illinois Department of Revenue 2021 Form IL-1040

or for fiscal year ending Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal I	Information
--------------------	-------------

					1991		a in the data in the line of the second s Second second		
	221	-67-2562							
	GAU	TAM RAHUL	S	SIDDOJU					
	N16	58W21790 MAIN ST	REET				NBASSAADAIRARKRIC	ander ist versteller	(182463)
	JAC	KSON	WI	53037					
	SRG	OUTHAM12@GMAIL.	СОМ						
С	Che Che	eck If someone can clair eck the box if this applie	n you, o	r your spous	e if filing jointly, as	iling separately Widow a dependent. See instruction nt - Attach Sch. NR Pa	ns. 🔲 You 🔲	Spouse Attach Sch	O
t	Ste 1 2 3 4	Federal adjusted gross Federally tax-exempt in Other additions. Attacl Total income. Add Lin	nterest a n Scheo	and dividend Iule M.		or 1040-SR, Line 11. r federal Form 1040 or 104	0-SR, Line 2a.	(Whole 1 2 3 4	e dollars only) 77,968.00 .00 .00 77,968.00
ð		o 3: Base Income							
irms hei	5 6	Social Security benefit received if included in Illinois Income Tax over Schedule 1, Ln. 1.	56	<u>.00</u> .00					
1 <i>099</i> fc	7 8	Other subtractions. Att Check if Line 7 includ Add Lines 5, 6, and 7.	7	.00 8	ENTRIES C				
pue	9	Illinois base income.	Subtrac	t Line 8 from	n Line 4.			9	<u>.00</u> 77,968.00
Staple W-2 and 1099 forms here		c Check if legally blind	: d: penden E/EIC.	You + You + ts, enter the	Spouse # of Spouse # of amount from Sche	See instructions. checkboxes X \$1,000 = checkboxes X \$1,000 = dule IL-E/EIC, Step 2, Line 1	b c	75.00 .00 .00	2,375.00
	Ste	5: Net Income and			ough rou.				
	11	Residents: Net incom	ne. Subt <i>rt-year</i>	residents:	Enter the Illinois n e	e t income from Schedule NR ss than zero.	. Attach Schedule	NR. 11	75,593.00
	13 14	Nonresidents and pa Recapture of investme Income tax. Add Lines	<i>rt-year</i> nt tax c	residents: l redits. Attac	Enter the tax from h Schedule 4255.	Schedule NR.	`	12 13 14	<u>3,742.00</u> <u>.00</u> <u>3,742.00</u>
16	Ste	o 6: Tax After Nonre							<u> </u>
and II	15 16	Income tax paid to and Property tax and K-12					15	.00	
Staple your check and IL-1040-V	17 18 19	Attach Schedule ICR. Credit amount from Sc Add Lines 15, 16, and Tax after nonrefunda	17. This	is the total	of your credits. Ca	nnot exceed the tax amoun	16 17 t on Line 14.	<u>.00</u> 00 18 19	0.00 3,742.00
you		o 7: Other Taxes							
aple	20 21		ail ordei	r, or other ou		ses from UT Worksheet or l	JT Table	20 21	<u>00.</u> 0 <u>.00</u>
● St	22 23	in the instructions. Do Compassionate Use of Total Tax . Add Lines 1	Medica	l Cannabis F	Program Act and sa	ale of assets by gaming licer	nsee surcharges.	21 22 23	<u>.00</u> .00 3,742.00
•	20	TOTAL TAX. AND LINES I	J, 20, 2	ι, απα 22.				20	5,112.00



IL-1040 2D Front (R-12/21) Printed by authority of the State of Illinois - web only, 1. ID: 3WM REV 02/24/22 PRO





24	Total tax from Page 1, Line 23.															24	3,74	2 <u>.00</u>	
Ste	ep 8: Payments and Refundable Cre	dit																	
25	Illinois Income Tax withheld. Attach Sche	edule IL-W	IT.									25_		4,0	53.00	<u>)</u>			
26	Estimated payments from Forms IL-1040	-ES and IL	L-505	i-I,															N
	including any overpayment applied from a	a prior yea	ar retu	urn.								26_			.0	<u>0</u>			Ĭ
27	Pass-through withholding. Attach Schedu	lle K-1-P o	r K-1-	·T.								27_			.00	<u>)</u>			AN
28	Pass-through entity tax credit. Attach Sch	nedule K-1-	-P or	K-1-	T.							28_			.00	<u>)</u>			₫
	Earned Income Credit from Schedule IL-E						Sche	dule	IL-E	E/EIC	<i>.</i>	29_			.00	<u>)</u>			Ŗ
	0 Total payments and refundable credit. Add Lines 25 through 29.															30	4,05	3.00	Ξ.
Ste	ep 9: Total																		Ξ
31	If Line 30 is greater than Line 24, subtract L	Line 24 fror	m Line	e 30.												31	31	1.00	Ē
32	If Line 24 is greater than Line 30, subtract L	_ine 30 fror	m Lin	e 24.												32		.00	E
Ste	ep 10: Underpayment of Estimated Ta	ax Penalt	y an	d Do	onat	tior	ıs -	On	ly c	om	ple	ete S	tep	10 for	^r late	-paymei	nt pena	lty	R
for	underpayment of estimated tax or	to make	a vo	lunt	ary	cha	arit	able	e do	ona	tio	n.							ö
33	Late-payment penalty for underpayment	of estimate	ed tax	κ.								33_			00	<u>)</u>			9
	a Check if at least two-thirds of your f	federal gro	oss ind	come	e is f	rom	ı far	ming	g.										Η̈́
	b Check if you or your spouse are 65					-					•								Ξ
	c Check if your income was not received	ved evenly	durir	ng th	e ye	ar a	ind y	/ou a	ann	uali	zed	your	inco	ome on	Form	n IL-2210.			Ē
	Attach Form IL-2210.																		2
	• <u> </u>							_											~
~ 4	d Check if you were not required to fil			lividu	ial Ir	ncor	ne T	ax r	etui	'n in	the	•	/ious	s tax ye		_			IS N
	Voluntary charitable donations. Attach Se	chedule G		lividu	ial Ir	ncor	ne T	ax r	etui	'n in	the	e prev 34	/ious	s tax ye	ar. 00	-			V SIGN
35	Voluntary charitable donations. Attach Se Total penalty and donations. Add Lines	chedule G		lividu	ial In	icor	ne T	ax r	etui	n in	the	•	/ious	s tax ye		<u>)</u> 35		.00	V SIGNAT
35 Ste	Voluntary charitable donations. Attach Se Total penalty and donations. Add Lines p 11: Refund	chedule G 33 and 34	4.									34_			.00	-		.00	N SIGNATUR
35 Ste	Voluntary charitable donations. Attach Se Total penalty and donations. Add Lines p 11: Refund If you have an amount on Line 31 and thi	chedule G 33 and 34	4.									34_			.00	35			NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE (
35 Ste 36	Voluntary charitable donations. Attach Se Total penalty and donations. Add Lines p 11: Refund If you have an amount on Line 31 and thi This is your overpayment.	chedule G 33 and 34 is amount	4. is gre	ater	thar	n Lir	ne 3	5, si	ubtr	act	Line	34	rom		.00	35 36		1.00	
35 Ste 36	Voluntary charitable donations. Attach Se Total penalty and donations. Add Lines p 11: Refund If you have an amount on Line 31 and thi	chedule G 33 and 34 is amount	4. is gre	ater	thar	n Lir	ne 3	5, si	ubtr	act	Line	34	rom		.00	35			
35 Ste 36 37	Voluntary charitable donations. Attach Se Total penalty and donations. Add Lines p 11: Refund If you have an amount on Line 31 and thi This is your overpayment.	chedule G 33 and 34 is amount	4. is gre	ater	thar	n Lir	ne 3	5, si	ubtr	act	Line	34	rom		.00	35 36		1.00	
35 Ste 36 37	Voluntary charitable donations. Attach Se Total penalty and donations. Add Lines p 11: Refund If you have an amount on Line 31 and thi This is your overpayment. Amount from Line 36 you want refunded	chedule G 3 3 and 3 is amount to you. Ch	is gre	eater one t	thar	n Lir on L	ne 3 ine	5, si 38. S	ubtr	act	Line	34	rom		.00	35 36		1.00	
35 Ste 36 37	Voluntary charitable donations. Attach Second penalty and donations. Add Lines Pp 11: Refund If you have an amount on Line 31 and this This is your overpayment . Amount from Line 36 you want refunded I choose to receive my refund by a in direct deposit - Complete the inform You may also contribute	chedule G s 33 and 34 is amount to you . Ch rmation be	is gre	eater one t	thar	n Lir on L	ne 3 ine	5, si 38. S	ubtr	act	Line	34_ 35 1 ions.	rom		<u>.00</u>	35 36	31	1.00	0 Z
35 Ste 36 37	Voluntary charitable donations. Attach Second penalty and donations. Add Lines Pp 11: Refund If you have an amount on Line 31 and this This is your overpayment . Amount from Line 36 you want refunded I choose to receive my refund by a X direct deposit - Complete the infor You may also contribute to college savings funds	chedule G s 33 and 34 is amount to you . Ch rmation be	i. 4. is gre neck c low if 1 2	eater one t	thar box c che	n Lir on L ck ti	ne 3 ine his I	5, si 38. \$ box.	ubtr See	act inst	Line	34_ 35 1 ions.	rom	Line 3	<u>.00</u>	35 36 37	31	1.00	
35 Ste 36 37	Voluntary charitable donations. Attach Second penalty and donations. Add Lines Pp 11: Refund If you have an amount on Line 31 and this This is your overpayment . Amount from Line 36 you want refunded I choose to receive my refund by a I direct deposit - Complete the inform <i>You may also contribute</i> <i>to college savings funds</i> <i>here. See instructions!</i>	chedule G 33 and 34 is amount to you. Ch rmation be number	i. 4. is gre neck (low if 1 2	eater one t	thar box c che	n Lir on L ck ti 4	ne 3 ine his I 2	5, si 38. \$ 50x. 8	ubtr See	act inst	Line	34_ 35 1 ions.	rom	Line 3	<u>.00</u>	35 36 37	31	1.00	
35 Ste 36 37 38	Voluntary charitable donations. Attach Second penalty and donations. Add Lines Total penalty and donations. Add Lines P 11: Refund If you have an amount on Line 31 and this This is your overpayment. Amount from Line 36 you want refunded I choose to receive my refund by a ⊠ direct deposit - Complete the infor You may also contribute to college savings funds here. See instructions! B □ paper check.	chedule G 3 3 and 3 is amount to you. Ch rmation be number number	4. is gre neck (low if 1 2 9 0	eater one k	thar che	n Lir on L ck ti 4	ne 3 ine his I 2 1	5, si 38. \$ 5 5	ubtr See 8	act inst	Line	34_ 35 1 ions.	rom	Line 3	<u>.00</u>	35 36 37 Saving:	31	<u>1.00</u> <u>1.00</u>	
35 Ste 36 37 38 39	Voluntary charitable donations. Attach Second penalty and donations. Add Lines Total penalty and donations. Add Lines P 11: Refund If you have an amount on Line 31 and this This is your overpayment. Amount from Line 36 you want refunded I choose to receive my refund by a ⊠ direct deposit - Complete the inform You may also contribute to college savings funds here. See instructions! Routing Account b □ paper check. Amount to be credited forward. Subtract	chedule G 3 3 and 3 is amount to you. Ch rmation be number number	4. is gre neck (low if 1 2 9 0	eater one k	thar che	n Lir on L ck ti 4	ne 3 ine his I 2 1	5, si 38. \$ 5 5	ubtr See 8	act inst	Line	34_ 35 1 ions.	rom	Line 3	<u>.00</u>	35 36 37	31	1.00	
35 Ste 36 37 38 38 39 Ste	Voluntary charitable donations. Attach Second penalty and donations. Add Lines Total penalty and donations. Add Lines P 11: Refund If you have an amount on Line 31 and this This is your overpayment. Amount from Line 36 you want refunded I choose to receive my refund by a ⊠ direct deposit - Complete the infor You may also contribute to college savings funds here. See instructions! B □ paper check. Amount to be credited forward. Subtract P 12: Amount You Owe	chedule G 3 3 and 3 is amount to you. Ch rmation be number Line 37 frc	4. is greated and the second s	eater one k [;] you 1 0	thar box c che 0 1	n Lir on L ck ti 4	ne 3 ine his I 2 1	5, si 38. \$ 5 5	ubtr See 8	act inst	Line	34_ 35 1 ions.	rom	Line 3	<u>.00</u>	35 36 37 Saving:	31	<u>1.00</u> <u>1.00</u>	
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35 Ste 36 37 38 38 39 Ste	Voluntary charitable donations. Attach Second penalty and donations. Add Lines Total penalty and donations. Add Lines P 11: Refund If you have an amount on Line 31 and this This is your overpayment. Amount from Line 36 you want refunded I choose to receive my refund by a ⊠ direct deposit - Complete the infor You may also contribute to college savings funds here. See instructions! B □ paper check. Amount to be credited forward. Subtract P 12: Amount You Owe	chedule G 3 3 and 3 is amount to you. Ch rmation be number Line 37 frc ines 32 an- is amount	4. is gre neck c c low if 1 2 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	eater one t [†] you 1 0 ne 36 - 0 s that	thar che 0 1 3. Se r - an Lin	n Lir on L ck t 4 4 ee ir	ne 3 iine his I 2 1 nstru 35,	5, si 38. 5 5 uctio	ubtr See 8 6	act inst	Line	34_ 35 1 ions.	rom	Line 3	<u>.00</u>	35 36 37 Saving:	31	<u>1.00</u> <u>1.00</u>	

Step 13: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature		Date (mm/dd/yyyy)	Spouse's signature		Date (mm/dd/yyyy)	Daytime phone number		
Here							(510) 501	-3139	
	Print/Type paid preparer's name			Paid preparer's signature		Date (mm/dd/yyyy)		Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA R	AM SAGAR GUPTA TALLAM	03/24/2022	self-employed	P02082703	
Preparer Use Only	Firm's name GLOBAL TAXES LLC					Firm's FEIN	301017196		
	Firm's address > 2530 Pebble Creek LnC			Cumming	GA 30041	Firm's phone	(678) 965-9522		
	Designee's name (please print)				Designee's phone nun	nber	Check if the Department may		
Party Designee					()		discuss this return with the third party designee shown in this step.		

Refer to the 2021 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue

2021 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.							
Form Type Letter Code for Column A		Form Type	Letter Code for Column A				
W-2	W	1099-DIV	D				
W-2G	WG	1099-INT	I				
1099-R	R	1042-S	S				
1099-G	G	1099-B	В				
1099-MISC	М	1099-K	К				
1099-OID	0	1099-NEC	N				

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

GAUTAM RAHUL SIDDOJU					2 1		6	7 _	2	5	6	2
Your name as shown on Form IL-1040				Your Sc	Your Social Security number							
Column A Column B Form type Employer/Payer Identification Number		Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld					
1	W	47-1930812	\$	86,634 . 0	0	\$	86	6,634 .0	<u>0</u>	\$	4,05	<u>53•00</u>
2			\$	•0	0	\$		•0	0	\$		•00
3			\$	•0	0	\$		•0	0	\$		•00
4			\$	•0	0	\$		•0	0	\$		<u>•00</u>
5			\$	•0	00	\$		<u>•0</u>	<u>0</u>	\$		<u>•00</u>

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.		
6			\$	•00	\$	•00	\$	•00
7			\$	•00	\$	•00	\$	•00
8			\$	•00	\$	•00	\$	•00
9			. \$	•00	\$	•00	\$	•00
10			\$	•00	\$	<u>•00</u>	\$	•00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

➡ Attach all Schedules IL-WIT to your IL-1040.

33	Illinois Department of Rev	enue			
Z	2021 IL-8453 Illinois (<u>Do not mail</u> Form IL-8453 to the	Individua			
Ste	CAUTAM RAHUL First name and middle initial Spouse's first name (a	SID	DOJU	·	7 _ 2 5 6 2
Pri or typ	nt _{N168W21790} MAIN STREET		52027	Spouse's Social Security r	
	JACKSON City	WI State	53037 	(510) 501-3139 Daytime phone number	
Sto	ep 2: Complete information from tax re			Dayano phono nambor	
1 2 3 4 5 6	Net income from Form IL-1040, Line 11 Tax from Form IL-1040, Line 14 Illinois Income Tax withheld from Form IL-10 Overpayment from Form IL-1040, Line 36 Total amount due from Form IL-1040, Line 4 Filing status: X Single Married filing	40, Line 25 only 0		_WidowedHead of hour	1 75,593 00 2 3,742 00 3 4,053 00 4 311 00 5 00 sehold 100
To doe	EXAMPLE 1 Complete direct deposit of refunct initiate a payment or refund transaction, the as not support international ACH transactions. I hin the United States or those not funded by int Routing no. (RN): $1 2 1 0 4 2$	e information in DOR will only petternational funds	this Step must be inclered of the step must be inclered of the step must be included of the step of th	luded within the electronic t is (<i>e.g.,</i> debit, deposit) with fin	ancial institutions located
8	Account no. (AN): 9 0 0 1 4 1	568	7		
9	Type of account: X Checking Sav	vings			
10		, in the second s	1		
11					
	Name on account:				
	p 4: Taxpayer declaration and signature	e (Sign only a	fter completing Ster	2 and if applicable Ster	3)
	 I consent that my refund may be directly of correct. If I have filed a joint return, this is 	deposited as de	signated in Step 3 and	declare the information on Lir	ies 7 through 9 is
[I authorize the Illinois Department of Rev withdrawal as designated in the electronic involved in the processing of an electronic and resolve issues related to the payment	enue (IDOR) an c portion of my 2 c overpayment o	d its designated financia 2021 Illinois Individual Ir	al agent to initiate an ACH ele ncome Tax return. I authorize	ectronic funds the financial institutions
[I do not want direct deposit of my refund,	or an electronic	funds withdrawal (dired	ct debit) of my balance due.	
orig and	der penalties of perjury, I declare the information ginator (ERO) are identical. To the best of my kr d accompanying information may be sent to IDO en accepted or rejected. If rejected, I authorize	nowledge, my re OR by my ERO.	turn is true, correct, and I authorize IDOR to infor	complete. I consent that my r rm my ERO and/or the transm	eturn, this declaration, itter when my return has
Sig					
-	re Your signature	Date	· · · · ·	ature (if joint return, both must sign)	Date
l de hav	ep 5: Electronic return originator (ERO) eclare that I have examined this taxpayer's elever followed all requirements of this program and accompanying information are true, correct,	ctronic Form IL- nd declare, unde	1040, the information o	n this Form IL-8453, and acc	
			03/24/2022	Check if paid prepare	r: 🔀 (See instructions.)
	ERO's signature		Date		
ER	O GLOBAL TAXES LLC				8 2 7 0 3

	r inn s name of your name if self-employed	IOULE THN						
use oply	2530 Pebble Creek Ln			3 0 - 1 0 1 7 1 9 6				
omy	Mailing address	Federal employer identification number (FEIN)						
	Cumming	GA	30041	(678) 965-9522				
	City	State	ZIP	Daytime phone number				

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

