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	yer's name		Social securi	y number	er					
SAC	IN ATTARDE 745-99-6091									
Spous	e's name		Spouse's social security number							
Par	t I Tax Return Information – Tax Year Ending December 31, 2	021 (Enter	year you a	re auth	orizing.)					
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	42,372.					
2	Total tax			2	3,344.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	6,281.					
4	Amount you want refunded to you			4	4,337.					
5	Amount you owe			5						
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)									

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

Taxpayer's PIN: check one box only

l authorize	CTODAT	TAVEC	TTC	to optor or gonorate my DIN	19
 raumonze	GLUBAL	TAVES		to enter or generate my PIN	с.
			ERO firm name		

Ent dor	as my				
9	6	0	9	1	

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 mv Enter five digits, but don't enter all zeros

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

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

Spouse's signature ►	Date ►				
Practitioner PIN Method Returns Only—continue below					
Part III Certification and Authentication – Practit	ioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9				

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨	
ERO Mus Don't Submit Thi		
For Denemicarly Deduction Act Nation and vous toy ve	BEV 04/00/22 BBO	Earm 8879 (Bay, 01 2021)

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

E 1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Ta		(99) urn	202	21	OMB No. 1545	5-0074	IRS Us	e Only	—Do not v	write or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly [u checked the MFS box, enter the r son is a child but not your depender	name of	-) Head of ked the HOH o						
Your first name	•	,	Last na	ame							Your so	ocial securi	itv number
SACHIN				ARDE								99-609	-
	pouse's	s first name and middle initial	Last na								-		curity number
Home address		er and street). If you have a P.O. box, see I BLVD	e instruct	ions.					Apt. no. 206			ential Electi here if you,	ion Campaign , or your
City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete :	spaces be	low.	Sta	ite	ZIP co	ode		•		ntly, want \$3
DURHAM						N	С	277	03		•	o this fund. Iow will not	Checking a t change
Foreign countr	y name			Foreign p	rovince/state	e/coun	ty	Foreig	n postal	code		x or refund	•
-	-						-					You	Spouse
At any time du	iring 20	021, did you receive, sell, exchange	, or oth	erwise di	spose of a	ny fina	ancial interest	in any	virtual o	currer	ncy?	Yes	X No
Standard Deduction		eone can claim:	•		•		a dependent						
Age/Blindnes	s You:	Were born before January 2, 1	1957 [Are b	lind S p	ouse	: 🗌 Was bo	rn befo	ore Janu	uary 2	2, 1957	🗌 ls b	lind
Dependent		instructions): irst name Last name		(2) 5	Social securi number	ty	(3) Relationsh to you	nip		if qu		or (see instru	uctions): ther dependents
lf more than four	(1) .								01110		oun		
dependents,										$\overline{\Box}$			
see instruction and check	s —									$\overline{\Box}$			
here										$\overline{\Box}$			
	<u>1</u>	Wages, salaries, tips, etc. Attach	Form(s)	W-2			1				. 1		47,401.
Attach	2a	Tax-exempt interest	2a		· · ·		axable interes	+		•	2k		17,101.
Sch. B if	3a	Qualified dividends	3a				Drdinary divide			•	 3k		
required.	- <u>4a</u>	IRA distributions	4a				axable amoun		• •	•	. 4k	-	
	5a	Pensions and annuities	5a				axable amoun				. 5k		
Standard	6a	Social security benefits	6a				axable amoun				. 6k		
Deduction for-	7	Capital gain or (loss). Attach Sche		f require	d. If not rec					▶ Г	7		
 Single or Married filing 	8	Other income from Schedule 1, lir									. 8		-5,029.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,								.	9		42,372.
\$12,550Married filing	10	Adjustments to income from Sche									. 10		
jointly or Qualifying	11	Subtract line 10 from line 9. This i								.	► <u>1</u> 1		42,372.
widow(er),	12a	Standard deduction or itemized					12			,550		-	12/0/21
\$25,100 • Head of	b	Charitable contributions if you take		`		,				300			
household,	c	Add lines 12a and 12b					· · · ·				. 12	с	12,850.
\$18,800 If you checked	13	Qualified business income deduct		n Form 8	995 or For	n 899	95-A				. 13		,
any box under Standard	14	Add lines 12c and 13									. 14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from li								. 15		29,522.
see instructions.)												

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	3,344.
	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	3,344.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,344.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	3,344.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 6	,281.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	6,281.
If you have a	26	2021 estimated tax payment		• •	37			26	
qualifying child,	27a	Earned income credit (EIC)			NO	27a			
attach Sch. EIC.		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a							
	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			
	30	Recovery rebate credit. See		,			,400.	1	
	31	Amount from Schedule 3, lir				31	,		
	32	Add lines 27a and 28 throug					lits 🕨	32	1,400.
	33	Add lines 25d, 26, and 32. T		•				33	7,681.
Defensel	34	If line 33 is more than line 24						34	4,337.
Refund	35a					•		35a	4,337.
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here $ \blacktriangleright$ Routing number $\begin{vmatrix} 1 & 1 & 1 & 9 \\ 1 & 1 & 1 & 9 & 0 & 6 & 5 & 9 \end{vmatrix}$ \blacktriangleright c Type: $\boxed{\mathbf{X}}$ Checking \square Savings							-
See instructions.	►d	Account number 8 1 2					<u> </u>		
	36	Amount of line 34 you want a			ed tax 🕨	36			
Amount	37	Amount you owe. Subtract				see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another				? See			
Designee		structions	•				omplete b	elow.	× No
		signee's		Phone			onal identif		
		me 🕨		no. 🕨			ber (PIN) 🕨		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· · ·		Date	Your occupation		1		nt you an Identity
	, 10	ur signature		Dale	rour occupation				N, enter it here
Joint return?					SUPPLY CHAI	N PLANNING AN	IA (see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.	,							ity Prote inst.) ► 🛛	ection PIN, enter it here
,			-			1.0		inst.)	
		one no. (979)422-747	1	Email address	ATTARDE31	12@GMAIL.CC			Chealt if
Paid		eparer's name	Preparer's signat			Date	PTIN	,	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAN	1 04/15/2022	P02082		Self-employed
Use Only		m's name ► GLOBAL TA			~ 07 20041				678)965-9522
		m's address ► 2530 Pebb		in Cummin	-		Firm'	s EIN 🕨	
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 04/09/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

SACHIN ATTARDE

Additional Income and Adjustments to Income

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

20 21 Attachment Sequence No. **01**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.	•
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	ſ

Your social security number 745-99-6091

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions) \blacktriangleright			
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, trus Schedule E		5	-5,029.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	Ba ()		
b	Gambling income	Bb		
с	Cancellation of debt	BC		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Taxable Health Savings Account distribution	Be		
f	Alaska Permanent Fund dividends	Bf		
g	Jury duty pay	3g		
h	Prizes and awards	Bh		
i	Activity not engaged in for profit income	Bi		
j	Stock options	3ј		
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			
		3k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	31		
m	Section 951(a) inclusion (see instructions)	m		
n	Section 951A(a) inclusion (see instructions)	Bn		
ο	Section 461(I) excess business loss adjustment	Bo		
р	Taxable distributions from an ABLE account (see instructions) .	Вр		
z	Other income. List type and amount ►			
•		3z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 104 1040-NR, line 8		10	-5,029.
				5,025.

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

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 government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions) . . . 24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i		
j	Housing deduction from Form 2555 . . . 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
z	Other adjustments. List type and amount ► 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

BAA

REV 04/09/22 PRO

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074 2021

Attachment Sequence No. **13**

(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.

5 · · · · · · · · · · · · · · · · · · ·
Department of the Treasury
Internal Revenue Service (99)

SACHIN ATTARDE 745-99-6091 Call Income or Loss From Rental Real Estate and Royalties Note: If you are in the usames of renting personal property, use Schedule C. See instructions. If you are an individual, report farm mental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions. If Yes, "I of you or will you or will you or will you or will you for mill you or will you	Name(s)	shown on return								Your socia	al security	number
Schedule C. See instructions. If you are an individual, report arm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No If "Yes," cid you or will you file required Form(s) 1099? Perinstructions Yes No If a Physical address of each property (street, city, state, ZIP code) Fair Rental Personal Use Out C C C C C C Days Out B C, from its below, and the requirements to file as an qualified joint venture. See instructions. A 365 O C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Control A B C C C C C C C C C Type of Property: 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 C B C 3 4 10. B C C C C	SACH											
A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions □ Ves X No B If "Yes," did you or will you file required Form(s) 1099? □ □ Ves No A Fr2, LST FL, INCOME TAX CLN NAVI MUMBAI MAHARASHTRA IN 400614 B C □ Days Personal Use C □ Days Personal Use Move, report the number of fair rental and upstrone the CoV tox only for other number of fair rental and upstrone to fair rental and upstrone the cover tox only for other number of fair rental and upstrone to fair rental and upstrone to fair rental and upstrone the cover tox only for other number of fair rental and upstrone to fair rental and upstrone the cover tox only for other number of fair rental and upstrone the requirements to file as a upstrone the requirements to file as a tox for the tox only for other number of fair rental and upstrone the requirements to file as a tox for the for the fair rental and upstrone the requirements to file as a tox for the for the fair rental and upstrone the requirements to file as a tox for the for the fair rental and the properties: A 3 6 C 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental B C 2 Multi-family Residence 4 Commercial 6 Royatites 8 Other (describe) Commercial 10 Legial and other professional fees 10 Legial and other professional fees <t< td=""><td>Part</td><td>Income or Loss</td><td>From Rei</td><td>ntal Real Estate and Ro</td><td>yaltie</td><td>s Note</td><td>: If you a</td><td>are in th</td><td>e business of re</td><td>enting pe</td><td>rsonal pr</td><td>operty, use</td></t<>	Part	Income or Loss	From Rei	ntal Real Estate and Ro	yaltie	s Note	: If you a	are in th	e business of re	enting pe	rsonal pr	operty, use
B If "Yes," did you or will you file required Form(s) 10997		Schedule C. See i	instructions.	If you are an individual, rep	ort farı	m rental i	ncome c	or loss fi	om Form 4835	on page	2, line 40).
1a Physical address of each property (street, city, state, ZiP code) A F - 2, 1ST FL, INCOME TAX CLN NAVI MUMBAI MAHARASHTRA IN 400614 B C Fair Rental Personal Use QuV A 3 5 For each rental real estate property listed quadified joint venture. See instructions. Fair Rental Personal Use QuV A 3 3 6 C <t< td=""><td>A Did</td><td>l you make any paymer</td><td>nts in 2021</td><td>that would require you to</td><td>o file F</td><td>orm(s) 1</td><td>099? S</td><td>ee instr</td><td>uctions</td><td></td><td>. 🗌 Y</td><td>es 🛛 No</td></t<>	A Did	l you make any paymer	nts in 2021	that would require you to	o file F	orm(s) 1	099? S	ee instr	uctions		. 🗌 Y	es 🛛 No
A F-2,1ST FL, INCOME TAX CLN NAVI MUMBAI MAHARASHTRA IN 400614 B Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personial use days, Check the QW lox only If you meet the requirements to file as qualified joint venture. See instructions. A 365 0 □ A 3 365 0 □ A 365 0 □ Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental C Opmotion Properties: A B C 3 Rents received . 3 410. Expenses: 5 Advertising . 6 6 6 6 6 0 0 11 1, 024. 11 1, 024. 11 0.244. 11 1, 024. 11 1, 024. 11 7 984. 13 14 1, 247. 15 874. 11 12 0 11 1, 024. <t< td=""><td>B If "</td><td>Yes," did you or will yo</td><td>ou file requ</td><td>ired Form(s) 1099?</td><td></td><td></td><td></td><td></td><td></td><td></td><td>. 🗌 Y</td><td>es 🗌 No</td></t<>	B If "	Yes," did you or will yo	ou file requ	ired Form(s) 1099?							. 🗌 Y	es 🗌 No
B Fair Rental real estate property listed above, report the number of fair rental and personal use days. Check the QM how only A Fair Rental Days Personal Use Days Q,JV A 3 A 365 0 <t< td=""><td>1a</td><td></td><td></td><td>• · · •</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	1 a			• · · •								
C Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days, Check the QW lox only fly cummers to file as a qualified joint venture. See instructions. Fair Rental Days Personal Use Days QJV A 3 3 addition of fair rental and qualified joint venture. See instructions. A 365 0 □ B	Α	F-2,1ST FL, IN	ICOME TA	X CLN NAVI MUMBA	I MA	HARASI	ITRA I	EN 40	0614			
Ib Type of Property (from list below) 2 Eoreach rends the al estate property listed personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. Fair Rental Days Personal Use Days QJV Type of Property: 3												
(from list below) above, report the number of fair initial and personal lise days. Check the QUP box only a diamonts reported on line 3 for all representation. Days Days Days CUV A 3 above, report the number of fair initial and personal lise days. Check the QUP box only a diamonts reported on line 3 for all properties. A 365 0 □ C												
A 3 Description Description <thdescription< th=""> Description <thdescription< td=""><td>1b</td><td></td><td></td><td>each rental real estate pro</td><td>perty I</td><td>isted</td><td></td><td></td><td></td><td></td><td></td><td>QJV</td></thdescription<></thdescription<>	1b			each rental real estate pro	perty I	isted						QJV
B qualified joint venture. See instructions. B □ □ C C □ Type of Property: 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental I Single Family Residence 4 Commercial 6 Royatties 8 Other (describe) Income: Properties: A B C 3 Rents received . 3 410. C 4 Expenses: A B C 5 Advertising . 5 . 6 Auto and travel (see instructions) 6 . . 10 . 11 1, 024. . . 11 1, 024. 13 Other interest paid to banks, etc. (see instructions) 12 . . . 13 Other interest paid to banks, etc. (see instructions) 13 14 1, 247. 15 Stryplies . . </td <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td>perso</td> <td>onal use days. Check the</td> <td>QJV b</td> <td>ox only</td> <td>-</td> <td>L</td> <td>-</td> <td>Days</td> <td></td> <td></td>		· · · · · · · · · · · · · · · · · · ·	perso	onal use days. Check the	QJV b	ox only	-	L	-	Days		
CCCType of Property:3Vacation/Short-Term Rental5Land7Self-Rental1Single Family Residence448Other (describe)Income:Properties:ABC3Rents received3410.4Royalties received4Expenses:55Advertising6Auto and travel (see instructions)79848910Legal and other professional fees.111, 024121314Repairs15Supplies16171, 31018205, 43921-5, 02922Deductibe rental real estate loss after limitation, if any, on Form 8582 (see instructions).23aTotal of all amounts reported on line 3 for all properties.23aTotal of all amounts reported on line 4 for all properties.23aTotal of all amounts reported on line 16 for all properties.23aTotal of all amounts reported on line 16 for all properties.23aTotal of all amounts reported on line 12 for all properties		3	if you	u meet the requirements to	o file a	is a			365		0	
Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royatties 8 Other (describe) Income: Properties: A B C 3 Rents received . . 3 410. 4 Royatties received . . 4 Expenses: 5 . . . 5 Adventising 6 6 7 984. . </td <td></td> <td></td> <td>quai</td> <td></td> <td>liuciio</td> <td>115.</td> <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td>			quai		liuciio	115.	_					
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2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: A B C 3 Rents received			0 \/===	tion (Chart Tarra Dantal	5 -	un al	-		Devetel			
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25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . 25 (5,029.)						-		nter tota	al losses here		(5,029.)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result											`	-,)
here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on	20											
Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . 26 -5 , 029.												-5,029.
For Paperwork Reduction Act Notice, see the separate instructions. NPA -5,029. Schedule E (Form 1040) 2021	For Pa									· Scl	nedule E (Form 1040) 2021

Form	8889
	tment of the Treasu al Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074 20

Attachment

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

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

ſy Name(s) shown on Form

Internal Revenue Service	Go to www.irs.gov/Form8889 for instructions and the second sec	he latest information.	Sequence No. 52
Name(s) shown on Form 104		Social security number of HSA beneficiary. If both spouses	
SACHIN ATTARDE		have HSAs, see instructions ► 745	-99-6091

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
4	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021.	each	spous	с
1		🗙 Sel	f-only	☐ Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter	3		3,600.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		3,600.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6		3,600.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7		0.
8	Add lines 6 and 7	8		3,600.
9	Employer contributions made to your HSAs for 2021 9 1,192.			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		1,192.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		2,408.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13		0.
Part	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.II HSA Distributions. If you are filing jointly and both you and your spouse each have separately and you	rotol	10.4 a	oomplata
	a separate Part II for each spouse.		13AS,	complete
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
с	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e.	16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b		
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.			,
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21		

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

2021 Ohio IT 1040 0098 Department of Individual Income Tax Return Taxation Use only black ink/UPPERCASE letters. 04 15 22 AMENDED RETURN - Check here and include Ohio IT RE. NOL CARRYBACK - Check here and include Schedule IT NOL. Primary taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) ✓ If deceased

First name M.I. Last name SACHIN ATTARDE Spouse's first name (if filing jointly) M.I. Last name Address line 1 (number and street) or P.O. Box 5448 S MIAMI BLVD Address line 2 (apartment number, suite number, etc.) APT 206 Ohio county (first four letters) State ZIP code DURHAM NC 27703 GREE

Foreign postal code

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

Do not staple or paper clip.

745 99 6091

Residency Status - Check only one for primary Filing Status – Check one (as reported on federal income tax return) Nonresident Resident Part-year X Single, head of household or qualifying widow(er) × Indicate state resident Married filing jointly Check only one for spouse (if filing jointly) Spouse's SSN Nonresident Resident Part-vear resident Indicate state Married filing separately **Ohio Nonresident Statement** - See instructions for required criteria Federal extension filers - check here. Primary meets the five criteria for irrebuttable presumption as nonresident. Spouse meets the five criteria for irrebuttable presumption as nonresident. If someone can claim you (or your spouse if filing jointly) as a dependent, check here. 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box 42372 00 if negative..... ..1. 2a. Additions – Ohio Schedule of Adjustments, line 10 (include schedule)......2a. 2b. Deductions – Ohio Schedule of Adjustments, line 39 (include schedule)......2b. 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box 42372 00 if negative..... ...3. 2150 00 4. Exemption amount (include Schedule of Dependents if applicable)......4. Number of exemptions including you and your spouse/dependents, if applicable: 1 40222 00

00 6. Taxable business income – Ohio Schedule IT BUS, line 13 (include schedule)......6. 40222 00 7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)7.



REV 03/22/22 PRO

Code

MM-DD-YY

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21000198

School district #

2903

Sequence No. 1

City

2021 Ohio IT 1040



Individual Income Tax Return

SSN 745 99 6091				21000298 Sequenc	e No 2
7a.Amount from line 7 on page 1	1		7a.	40222	
8a.Nonbusiness income tax liabi	ility on line 7a (see instructions fo	or tax tables)	8a	a. 767	00
8b.Business income tax liability -	– Ohio Schedule IT BUS, line 14	(include schedule)	8b).	00
8c. Income tax liability before cre	edits (line 8a plus line 8b)		80	o. 767	00
9. Ohio nonrefundable credits –	- Ohio Schedule of Credits, line 3	8 (include schedule)		o. 0	00
10. Tax liability after nonrefundab	ble credits (line 8c minus line 9; if	f negative, enter zero)	10	o. 767	00
11. Interest penalty on underpayr	ment of estimated tax (include C	Ohio IT/SD 2210)	11	1.	00
12. Unpaid use tax (see instruction	ons)		12	<u>}</u>	00
13. Total Ohio tax liability befor	e withholding or estimated paym	ients (add lines 10, 11 an	d 12)13	3. 767	00
14. Ohio income tax withheld – S income statements)	Schedule of Ohio Withholding, pa			1370	00
15. Estimated and extension pay from last year's return	ments (from Ohio IT 1040ES and			б.	00
16.Refundable credits – Ohio Sc	chedule of Credits, line 44 (inclu	de schedule)	16).	00
17. <u>Amended return only</u> – amo	ount previously paid with original	and/or amended return	17	·.	00
18. Total Ohio tax payments (ad	dd lines 14, 15, 16 and 17)		18	3. 1370	00
19. <u>Amended return only</u> – over	rpayment previously requested c	on original and/or amende	ed return19).	00
20. Line 18 minus line 19. Place a '). 1370	00
	HAN line 13, skip to line 24. OT				0.0
21. Tax due (line 13 minus line 20					00
22. Interest due on late payment	· · · · ·			<u>}</u>	00
23. TOTAL AMOUNT DUE (line (if amended return) and mak	e 21 plus line 22). Include Ohio se check payable to "Ohio Treas			3.	00
24. Overpayment (line 20 minus l	line 13)		24	4. 603	00
 25. <u>Original return only</u> – portio 26. <u>Original return only</u> – portio a. Military Injury Relief 	on of line 24 you wish to donate:	kt year's tax liability c. Nature Preserves/Scel		j.	00
00	0 0	00			
d. Breast/Cervical Cancer	e. Wishes for Sick Children	f. Wildlife Species	Total 26g		00
00	00	00			
27. REFUND (line 24 minus lines				<i>r</i> . 603	00
Sign Here (required): I have read belief, the return and all enclosur		rjury, I declare that, to the be	st of my knowledge	f your refund is \$1.00 or less, no refund will be If you owe \$1.00 or less, no payment is nece	
Primary signature		Phone number (979)	422-7476	NO Payment Included – Mail to Ohio Department of Taxation	o:
Spouse's signature				P.O. Box 2679 Columbus, OH 43270-2679	
	eparer to discuss this return with the I			Payment Included – Mail to: Ohio Department of Taxation	1
Preparer's printed name <u>SYAM</u> P	RIYA RAM SAGAR GUP	Phone number (678)9	65-9522	P.O. Box 2057	
	Preparer's TIN	(PTIN) P 0208270	3	Columbus, OH 43270-2057	



2021 Schedule of Ohio Withholding



21350198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 11

745 99 6091

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

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 1370 00

<u>Part B -</u> 1. P/S P		Box 1 - Wages, tips, other compensation 47401 00	Box 2 - Federal income tax withheld 6281 00
	Box 15 - Employer's Ohio ID number 51940061	Box 16 - Ohio wages, tips, etc. 47401 00	Box 17 - Ohio income tax 1370 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax 0 0
	III Keneva kanala kuneva	D3884000240260202202	





0098

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

Box 15 - Payer's Ohio number

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

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

Box 6 - Payer's Ohio number

Payer's TIN 2. P/S

Box 6 - Payer's Ohio number

2021 Schedule of Ohio Withholding Primary taxpayer's SSN

745 99 6091

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00



21350298

Sequence No. 12

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

00

Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

> Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

Box 7 -

Total distribution

Total

Total

Total

distribution

distribution

Box 14 - Ohio tax withheld

Distribution code

00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 5 - Ohio tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 5 - Ohio tax withheld 00

Schedule of Withholding - page 2 of 2 REV 03/22/22 PRO



	2021 Ohi chool District Ind lse only black ink/U 0 for each taxing scho	come Tax F	Return etters.	-	21020198	
AMENDED RETURN - Check here and include O	hio SD RE.	NOL CA	RRYBACK - Check	here and inc	lude Schedule IT NC	DL.
Primary taxpayer's SSN (required) ✓ If deceased 745 99 6091	Spouse's SSN ((if filing jointly)	✓ If deceased	Sc	hool district # 2903	
First name SACHIN	M.I. Last name ATTAR					
Spouse's first name (if filing jointly)	M.I. Last name					
Address line 1 (number and street) or P.O. Box 5448 S MIAMI BLVD Address line 2 (apartment number, suite number, etc.) APT 206						
City DURHAM Foreign country (if the mailing address is outside the U.S	5.)		27703	Ohio county (GREE	first four letters)	
5	,	5 1				
Residency Status – Check only one for primary		Check only or	e for spouse (if filing	jointly)		
X Resident Part-year resident Nonres	sident	Resident	Part-year res	ident	Nonresident	
Dates of to		Dates of residency		to		
Filing Status – Check one (as reported on the Ohio	IT 1040)	<u>Tax Type</u> –	Check one (see instru	ctions)		
old X Single, head of household or qualifying widow(er)		× Traditiona	I tax base. Start with	line 19 of th	is return.	
Married filing jointly Spouse's	SSN	Earned i	n come tax base. Sta	rt with line 2	4 of this return.	
Married filing separately						
1. School district taxable income: Traditional tax base from Earned income tax base	ı line 23 ı from line 27		1.		40222	00
2. School district income tax liability: line 1 times tax rate	.0050 (se	e instructions f	or rate)2.		201	00
3. Senior citizen credit (you must be 65 or older to claim	this credit; limit \$50	per return)	3.			00
4. Line 2 minus line 3 (if negative, enter zero)			4.		201	00
5. Interest penalty on underpayment of estimated tax (in	clude Ohio IT/SD 22	210)	5.			00
6. Total school district income tax liability before with	holding or estimated	payments (line	e 4 plus line 5)6.		201	00



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2021 Ohio SD 100



School District Income Tax Return

SSN 745 99 6091 SD# 2903		
6a. Amount from line 6 on page 1	6a. 201	00
 School district income tax withheld – Schedule of School District Withholding, part A, line 1 (include schedule and income statements). 	.7. 220	00
 Estimated and extension payments (from Ohio SD 100ES and SD 40P), and credit carryforward from last year's return 		00
9. <u>Amended return only</u> – amount previously paid with original and/or amended return	.9.	00
10. Total school district income tax payments (add lines 7, 8 and 9)	10. 220	00
11. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	11.	00
12. Line 10 minus line 11. Place a "-" in the box if negative	12. 220	00
If line 12 is MORE THAN line 6a, go to line 16. OTHERWISE, continue to line 13.		
13. Tax due (line 6a minus line 12). If line 12 is negative, ignore the "-" and add line 12 to line 6a	13.	00
14. Interest due on late payment of tax (see instructions)	14.	00
15. TOTAL AMOUNT DUE (line 13 plus line 14). Include Ohio SD 40P (if original return) or Ohio SD 40XP (if amended return) and make check payable to "School District Income Tax"AMOUNT DUE ►	15.	00
16. Overpayment (line 12 minus line 6a)	16. 19	00
17. Original return only – amount of line 16 to be credited toward next year's school district income tax liability	17.	00
18. REFUND (line 16 minus line 17)	18. 19	00
Traditional Tax Base (lines 19 to 23)		
19. Ohio IT 1040, line 3 minus Ohio IT 1040, line 4. Place a "-" in the box if negative	19. 40222	00
20. Business income deduction add-back (from Ohio Schedule of Adjustments, line 11)	20.	00
21. Line 19 plus line 20. Place a "-" in the box if negative	21. 40222	00
22. The portion of line 21 received while a nonresident of the school district entered above	22 0	00
 School district taxable income (line 21 minus line 22; if negative, enter zero). Enter here and on line 1 of this return. 	23. 40222	0.0
Earned Income Tax Base (lines 24 to 27)		
24. Wages and other compensation received while a resident of the school district and included in modified adjusted gross income (see instructions)	24.	00
25. Net earnings from self-employment received while a resident of the school district and included in modified adjusted gross income (see instructions). Place a "-" in the box if negative	25.	00
26. Federal conformity adjustments (see instructions). Place a "-" in the box if negative	26.	00
27. School district taxable income (add lines 24, 25 and 26; if negative, enter zero). Enter here and on line 1 of this return	27.	00
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge	If your refund is \$1.00 or less, no refund	
And belief, the return and all enclosures are true, correct and complete. Primary signature Phone number (979) 422-7476	If you owe \$1.00 or less, no payment is NO Payment Included – M	
Spouse's signature Date	Ohio Department of Taxa P.O. Box 182197	ition
Check here to authorize your preparer to discuss this return with the Department.	Columbus, OH 43218-2 Payment Included – Mai	
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678)965-9522	Ohio Department of Taxa P.O. Box 182389	

Ohio Department of Taxation P.O. Box 182389 Columbus, OH 43218-2389



0098 **Department of** Taxation

2021 Schedule of School **District Withholding**



Use only black ink/UPPERCASE letters.

Complete a separate schedule for each SD 100 you file that reports school district withholding.

Primary taxpayer's SSN	School District #	
745 99 6091	2903	

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

Important: On occasion, employers will report school district withholding in box 14 of the W-2 instead of the "local" boxes. In this case, enter the school district number and the withholding amount in the appropriate fields and report the Ohio state wages from box 16 as the school district wage amount.

Part A - Total Withholding

1. Total of all school district income tax withheld for the school district entered above. Enter here and on 220 00 Part B - W-2s Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 1. P/S Box b - EIN Ρ 232521512 47401 00 6281 00 Box 15 - Employer's Ohio ID number Box 19 - School district tax Box 18 - School district wages 51940061 43913 00 220 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 2. P/S Box b - EIN 00 00 Box 15 - Employer's Ohio ID number Box 18 - School district wages Box 19 - School district tax 00 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 3. P/S Box b - EIN 00 00 Box 15 - Employer's Ohio ID number Box 18 - School district wages Box 19 - School district tax 00 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 4. P/S Box b - EIN 00 00 Box 15 - Employer's Ohio ID number Box 18 - School district wages Box 19 - School district tax 00 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 5 P/S Box b - EIN 00 00 Box 19 - School district tax Box 15 - Employer's Ohio ID number Box 18 - School district wages 00 00 Part C - 1099-Rs Box 1 - Gross distribution Box 4 - Federal income tax withheld 1. P/S Payer's TIN 00 00 Box 15 - Payer's Ohio number Box 19 - School district distribution Box 17 - School district tax 00



