

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) ▶

| | |
|--|---------------------------------------|
| Taxpayer's name BHARGAVI REDDY PALA | Social security number 163-85-0083 |
| Spouse's name | Spouse's social security number |

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

Enter whole dollars only on lines 1 through 5.

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

| | | | |
|---|---|---|---------|
| 1 | Adjusted gross income | 1 | 82,917. |
| 2 | Total tax | 2 | 8,338. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 6,018. |
| 4 | Amount you want refunded to you | 4 | |
| 5 | Amount you owe | 5 | 520. |

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

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 5 | 0 | 0 | 8 | 3 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

| IF you live in . . . | THEN use this address to send in your payment . . . |
|--|--|
| Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas | Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214 |
| Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin | Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000 |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming | Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501 |
| A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands | Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303 |

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2021

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

| | |
|--|-------------|
| Enter the amount of your payment ▶ | 520. |
|--|-------------|

REV 04/09/22 PRO 1555

BHARGAVI REDDY PALA
6328 LONGBOAT LANE W 203
BOCA RATON FL 33433

INTERNAL REVENUE SERVICE
P.O. BOX 1214
CHARLOTTE, NC 28201-1214

163850083 AK PALA 30 0 202112 610

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 BHARGAVI REDDY | Last name PALA | Your social security number 163-85-0083 |
| 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. 6328 LONGBOAT LANE W | | Apt. no. 203 | 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. BOCA RATON | State FL | ZIP code 33433 | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

| | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit | Credit for other dependents |
|--|----------------|------------|----------------------------|-------------------------|--|-----------------------------|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | AVYAN | KONDAPALLI | 480-47-6482 | Son | <input checked="" 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. 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. | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 92,991. |
| | 2a | Tax-exempt interest | 2a | |
| | 3a | Qualified dividends | 3a | |
| | 4a | IRA distributions | 4a | |
| | 5a | Pensions and annuities | 5a | |
| | 6a | Social security benefits | 6a | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 7 | 111. |
| | 8 | Other income from Schedule 1, line 10 | 8 | -10,185. |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | 9 | 82,917. |
| | 10 | Adjustments to income from Schedule 1, line 26 | 10 | |
| | 11 | Subtract line 10 from line 9. This is your adjusted gross income ▶ | 11 | 82,917. |
| | 12a | Standard deduction or itemized deductions (from Schedule A) | 12a | 18,800. |
| | b | Charitable contributions if you take the standard deduction (see instructions) | 12b | 300. |
| | c | Add lines 12a and 12b | 12c | 19,100. |
| | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | |
| 14 | Add lines 12c and 13 | 14 | 19,100. | |
| 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 63,817. | |

Table with 2 columns: Description and Amount. Rows include Tax (8,338), Federal income tax withheld (6,018), Total payments (7,818), and Amount you owe (520).

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

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Sign Here

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

Paid Preparer Use Only

**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 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
BHARGAVI REDDY PALA

Your social security number
163-85-0083

Part I Additional Income

| | | | |
|-----------|---|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 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, trusts, etc. Attach Schedule E | 5 | -10,185. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income: | | |
| a | Net operating loss | 8a | () |
| b | Gambling income | 8b | |
| c | Cancellation of debt | 8c | |
| d | Foreign earned income exclusion from Form 2555 | 8d | () |
| e | 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 | |
| l | Olympic and Paralympic medals and USOC prize money (see instructions) | 8l | |
| m | Section 951(a) inclusion (see instructions) | 8m | |
| n | Section 951A(a) inclusion (see instructions) | 8n | |
| o | Section 461(l) excess business loss adjustment | 8o | |
| p | 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 1040, 1040-SR, or 1040-NR, line 8 | 10 | -10,185. |

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

Schedule 1 (Form 1040) 2021

Part 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 | ▶ _____ | | |
| c | 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: | | | |
| a | 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 | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| 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) | 24h | | |
| 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 | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| 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 | |

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 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

BHARGAVI REDDY PALA

Your social security number

163-85-0083

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) |
|--|----------------------------------|---------------------------------|---|---|
| 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 | 11,967. | 11,856. | | 111. |
| 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 (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). 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 | | | | 7 111. |

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) |
|---|----------------------------------|---------------------------------|--|---|
| 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 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 |

Part III Summary

| | | | |
|-----------|--|-----------|------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | 111. |
| | <ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> 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? <input type="checkbox"/> 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. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } Note: When figuring which amount is smaller, treat both amounts as positive numbers. | 21 | () |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► 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.

Name(s) shown on return

BHARGAVI REDDY PALA

Social security number or taxpayer identification number

163-85-0083

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.

- (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 (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|--|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | 05/05/21 | 12/12/21 | 11,967. | 11,856. | | | 111. |
| | | | | | | | | |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ► | | | | 11,967. | 11,856. | | | 111. |

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.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2021

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **13**

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

BHARGAVI REDDY PALA

163-85-0083

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

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

| | | | | | |
|-----------|---|--|------------------|-------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | G-103 Aliens Elite Prashanth nagar Miyapur Telangana IN 500049 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | 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 QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | C | | <input type="checkbox"/> |

Type of Property:

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

| Income: | | Properties: | A | B | C |
|----------|------------------------------|-------------|------|---|---|
| 3 | Rents received | 3 | 605. | | |
| 4 | Royalties received | 4 | | | |

Expenses:

| | | | | | |
|-----------|--|-----------|---------|--|--|
| 5 | Advertising | 5 | | | |
| 6 | Auto and travel (see instructions) | 6 | | | |
| 7 | Cleaning and maintenance | 7 | 2,147. | | |
| 8 | Commissions. | 8 | | | |
| 9 | Insurance | 9 | | | |
| 10 | Legal and other professional fees | 10 | | | |
| 11 | Management fees | 11 | 2,058. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 | Other interest. | 13 | | | |
| 14 | Repairs. | 14 | 2,143. | | |
| 15 | Supplies | 15 | 2,375. | | |
| 16 | Taxes | 16 | | | |
| 17 | Utilities | 17 | 2,067. | | |
| 18 | Depreciation expense or depletion | 18 | | | |
| 19 | Other (list) ▶ | 19 | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 10,790. | | |

| | | | | | |
|-----------|---|-----------|-------------|-----|-----|
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | -10,185. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (10,185.) | () | () |

| | | | | |
|------------|--|------------|---------|--|
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | 605. | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | 10,790. | |

| | | | |
|-----------|--|-----------|-------------|
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (10,185.) |

| | | | |
|-----------|---|-----------|----------|
| 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 Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | -10,185. |
|-----------|---|-----------|----------|

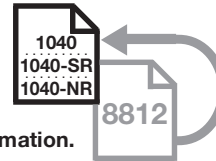
For Paperwork Reduction Act Notice, see the separate instructions. NPA -10,185. Schedule E (Form 1040) 2021

SCHEDULE 8812
(Form 1040)

Credits for Qualifying Children and Other Dependents

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

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2021

Attachment Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

BHARGAVI REDDY PALA

Your social security number

163-85-0083

Part I-A Child Tax Credit and Credit for Other Dependents

| | | | | |
|--|---|-----------|----------|---------|
| 1 | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR | | 1 | 82,917. |
| 2a | Enter income from Puerto Rico that you excluded | 2a | | |
| b | Enter the amounts from lines 45 and 50 of your Form 2555 | 2b | 0. | |
| c | Enter the amount from line 15 of your Form 4563 | 2c | | |
| d | Add lines 2a through 2c | 2d | 0. | |
| 3 | Add lines 1 and 2d | 3 | 82,917. | |
| 4a | Number of qualifying children under age 18 with the required social security number | 4a | 1. | |
| b | Number of children included on line 4a who were under age 6 at the end of 2021 | 4b | 1. | |
| c | Subtract line 4b from line 4a | 4c | 0. | |
| 5 | If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0- | 5 | 3,600. | |
| 6 | Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number | 6 | 0. | |
| Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a. | | | | |
| 7 | Multiply line 6 by \$500 | 7 | | |
| 8 | Add lines 5 and 7 | 8 | 3,600. | |
| 9 | Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 } | 9 | 200,000. | |
| 10 | Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | 10 | 0. | |
| 11 | Multiply line 10 by 5% (0.05) | 11 | 0. | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 3,600. | |
| 13 | Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/> | | | |

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

| | | | |
|---|--|------------|--------|
| 14a | Enter the smaller of line 7 or line 12 | 14a | 0. |
| b | Subtract line 14a from line 12 | 14b | 3,600. |
| c | If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A | 14c | 0. |
| d | Enter the smaller of line 14a or line 14c | 14d | 0. |
| e | Add lines 14b and 14d | 14e | 3,600. |
| f | Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- | 14f | 1,800. |
| Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. | | | |
| g | Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III | 14g | 1,800. |
| h | Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR | 14h | 0. |
| i | Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR | 14i | 1,800. |

Part I-C Filers Who Do Not Check a Box on Line 13

Caution: If you checked a box on line 13, do not complete Part I-C.

| | | | |
|------------|--|------------|--|
| 15a | Enter the amount from the Credit Limit Worksheet A | 15a | |
| b | Enter the smaller of line 12 or line 15a | 15b | |
| | Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items. | | |
| | 1. You are not filing Form 2555. | | |
| | 2. Line 4a is more than zero. | | |
| | 3. Line 12 is more than line 15a. | | |
| c | If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0- | 15c | |
| d | Add lines 15b and 15c | 15d | |
| e | Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- | 15e | |
| | Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. | | |
| f | Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III | 15f | |
| g | Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR. | 15g | |
| h | Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR | 15h | |

Part II-A Additional Child Tax Credit (use only if completing Part I-C)

Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

| | | | |
|------------|---|------------|--|
| 16a | Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 | 16a | |
| b | Number of qualifying children under 18 with the required social security number: _____ x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 | 16b | |
| | TIP: The number of children you use for this line is the same as the number of children you used for line 4a. | | |
| 17 | Enter the smaller of line 16a or line 16b | 17 | |
| 18a | Earned income (see instructions) | 18a | |
| b | Nontaxable combat pay (see instructions) | 18b | |
| 19 | Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result | 19 | |
| 20 | Multiply the amount on line 19 by 15% (0.15) and enter the result | 20 | |
| | Next. On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | | |

Part II-B Certain Filers Who Have Three or More Qualifying Children

| | | | |
|-----------|--|-----------|--|
| 21 | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions | 21 | |
| 22 | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 | 22 | |
| 23 | Add lines 21 and 22 | 23 | |
| 24 | 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. } | 24 | |
| 25 | Subtract line 24 from line 23. If zero or less, enter -0- | 25 | |
| 26 | Enter the larger of line 20 or line 25 | 26 | |
| | Next, enter the smaller of line 17 or line 26 on line 27. | | |

Part II-C Additional Child Tax Credit

| | | | |
|-----------|---|-----------|--|
| 27 | Enter this amount on line 15c | 27 | |
|-----------|---|-----------|--|

Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)

| | | | |
|------------|---|------------|--|
| 28a | Enter the amount from line 14f or line 15e, whichever applies | 28a | |
| b | Enter the amount from line 14e or line 15d, whichever applies | 28b | |
| 29 | Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax | 29 | |
| 30 | Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. | 30 | |
| 31 | Enter the smaller of line 4a or line 30 | 31 | |
| 32 | Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33 | 32 | |
| 33 | Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000 • All other filing statuses—\$40,000 | 33 | |
| 34 | Subtract line 33 from line 3. If zero or less, enter -0- | 34 | |
| 35 | Enter the amount from line 33 | 35 | |
| 36 | Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 | 36 | |
| 37 | Multiply line 32 by \$2,000 | 37 | |
| 38 | Multiply line 37 by line 36 | 38 | |
| 39 | Subtract line 38 from line 37 | 39 | |
| 40 | Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19 | 40 | |

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

Attachment
Sequence No. **70**

| | |
|---|---|
| Taxpayer name(s) shown on return BHARGAVI REDDY PALA | Taxpayer identification number 163-85-0083 |
| Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 | |

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

| | Yes | No | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____ | | | |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | <input type="checkbox"/> | <input type="checkbox"/> |

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

| | Yes | No |
|--|-------------------------------------|--------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

| | Yes | No |
|---|-------------------------------------|--------------------------|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



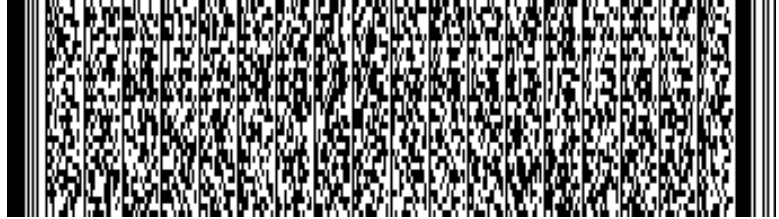
STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SC1040
(Rev. 8/11/21)
3075

dor.sc.gov

2021 INDIVIDUAL INCOME TAX RETURN

| | | | |
|---------------------------------|----|------|--|
| Your Social Security Number | | | Check if deceased <input type="checkbox"/> |
| 163 | 85 | 0083 | |
| Spouse's Social Security Number | | | Check if deceased <input type="checkbox"/> |
| | | | |



For the year January 1 - December 31, 2021, or fiscal tax year beginning _____, 2021 and ending _____, 2022

| | | | | | |
|---|---|-------------------|--------------|---|--|
| First name and middle initial BHARGAVI REDDY | | Last name PALA | | Suffix | |
| Spouse's first name, if married filing jointly | | Last name | | Suffix | |
| Check if new address <input type="checkbox"/> | Mailing address (number and street, PO Box) 6328 LONGBOAT LANE W 203 | | | County code 46 | |
| City BOCA RATON | | State FL | ZIP 33433 | Daytime phone number with area code (954) 789-0360 | |
| Check if address is outside US <input type="checkbox"/> | Foreign country address including postal code | | | | |

- **Amended Return:** Check if this is an Amended Return. (Attach Schedule AMD)
 - Check this box if you are a part-year or nonresident filing an SC Schedule NR
 - Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual
 - Check this box if you have filed a federal or state extension.
 - Check this box if you served in a military combat zone during the filing period.
- Name of the combat zone: _____

| | | |
|------------------------------|---|---|
| CHECK YOUR | (1) <input type="checkbox"/> Single | (3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____ |
| FEDERAL FILING STATUS | (2) <input type="checkbox"/> Married filing jointly | (4) <input checked="" type="checkbox"/> Head of household (5) <input type="checkbox"/> Qualifying widow(er) |

Number of dependents claimed on your 2021 federal return 1

Number of dependents claimed that were under the age of 6 years as of December 31, 2021 1

Number of taxpayers age 65 or older as of December 31, 2021 _____

DEPENDENTS

| First name | Last name | Social Security Number | Relationship | Date of birth (MM/DD/YYYY) |
|------------|------------|------------------------|--------------|----------------------------|
| AVYAN | KONDAPALLI | 480-47-6482 | Son | 02/26/2016 |
| | | | | |
| | | | | |



INCOME AND ADJUSTMENTS

Your SSN 163-85-0083

2021

| | | | |
|--|----------|--------------------------|-----------|
| 1 Enter federal taxable income from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below | 1 | Dollars 63,817 | 00 |
|--|----------|--------------------------|-----------|

ADDITIONS TO FEDERAL TAXABLE INCOME

| | | | |
|--|----------|----|-----------|
| a State tax addback, if itemizing on federal return (see instructions) | a | 00 | |
| b Out-of-state losses Type: _____ | b | 00 | |
| c Expenses related to National Guard and Military Reserve Income | c | 00 | |
| d Interest income on obligations of states and political subdivisions other than South Carolina | d | 00 | |
| e Other additions to income (attach explanation - see instructions) | e | 00 | |
| 2 Total additions (add line a through line e) | 2 | | 00 |
| 3 Add line 1 and line 2 and enter the total here | 3 | | 00 |

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

| | | | |
|---|------------|--------|-------------|
| f State tax refund, if included on your federal return | f | 00 | |
| g Total and permanent disability retirement income, if taxed on your federal return | g | 00 | |
| h Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____ | h | 00 | |
| i 44% of net capital gains held for more than one year | i | 00 | |
| j Volunteer deductions (see instructions) Type: _____ | j | 00 | |
| k Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program | k | 00 | |
| l Active Trade or Business Income deduction (see instructions) | l | 00 | |
| m Interest income from obligations of the US government | m | 00 | |
| n Certain nontaxable National Guard or Reserve pay | n | 00 | |
| o Social Security and/or railroad retirement, if taxed on your federal return | o | 00 | |
| p Retirement Deduction (see instructions) | | | |
| p-1 Taxpayer (date of birth: _____) | p-1 | 00 | |
| p-2 Spouse (date of birth: _____) | p-2 | 00 | |
| p-3 Surviving spouse (date of birth of deceased spouse: _____) | p-3 | 00 | |
| Military Retirement Deduction (see instructions) | | | |
| p-4 Taxpayer (date of birth: _____) | p-4 | 00 | |
| p-5 Spouse (date of birth: _____) | p-5 | 00 | |
| p-6 Surviving spouse (date of birth of deceased spouse: _____) | p-6 | 00 | |
| q Age 65 and older deduction (see instructions) | | | |
| q-1 Taxpayer (date of birth: _____) | q-1 | 00 | |
| q-2 Spouse (date of birth: _____) | q-2 | 00 | |
| r Negative amount of federal taxable income | r | 00 | |
| s Subsistence allowance (multiply _____ days by \$8) | s | 00 | |
| t Dependents under the age of 6 years on December 31 of the tax year | t | 00 | |
| u Consumer Protection Services | u | 00 | |
| v Other subtractions (see instructions) | v | 00 | |
| w South Carolina Dependent Exemption (see instructions) | w | 00 | |
| 4 Total subtractions (add line f through line w) | 4 | < | 00 > |
| 5 Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX | 5 | 23,609 | 00 |
| 6 TAX on your South Carolina Income Subject to Tax (see SC1040TT) | 6 | 1,127 | 00 |
| 7 TAX on Lump Sum Distribution (attach SC4972) | 7 | 00 | |
| 8 TAX on Active Trade or Business Income (attach I-335) | 8 | 00 | |
| 9 TAX on excess withdrawals from Catastrophe Savings Accounts | 9 | 00 | |
| 10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX | 10 | 1,127 | 00 |



NON-REFUNDABLE CREDITS

| | | | |
|---|----|-------|----|
| 11 Child and Dependent Care (see instructions) | 11 | | 00 |
| 12 Two Wage Earner Credit (see instructions) | 12 | | 00 |
| 13 Other nonrefundable credits. Attach SC1040TC and other state returns | 13 | | 00 |
| 14 Total nonrefundable credits (add line 11 through line 13) | 14 | | 00 |
| 15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here | 15 | 1,127 | 00 |

PAYMENTS AND REFUNDABLE CREDITS

| | | | |
|--|-----|-------|----|
| 16 SC income tax withheld (attach W-2 or SC41) | 16 | 2,334 | 00 |
| 17 2021 Estimated Tax payments | 17 | | 00 |
| 18 Amount paid with extension | 18 | | 00 |
| 19 Nonresident sale of real estate | 19 | | 00 |
| 20 Other SC withholding (attach 1099) | 20 | | 00 |
| 21 Tuition tax credit (attach I-319) | 21 | | 00 |
| 22 Other refundable credits: | | | |
| 22a Anhydrous Ammonia (attach I-333) | 22a | | 00 |
| 22b Milk Credit (attach I-334) | 22b | | 00 |
| 22c Classroom Teacher Expenses (attach I-360) | 22c | | 00 |
| 22d Parental Refundable Credit (attach I-361) | 22d | | 00 |
| 22e Motor Fuel Income Tax Credit (attach I-385) | 22e | | 00 |
| Total refundable credits (add line 22a through line 22e) | 22 | | 00 |

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

| | | | |
|--|----|-------|----|
| 23 Add line 16 through line 22 and enter the total here These are your TOTAL PAYMENTS | 23 | 2,334 | 00 |
| 24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment | 24 | 1,207 | 00 |
| 25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount due | 25 | | 00 |

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

| | | | |
|--|----|-------|----|
| 26 USE TAX due on online, mail-order, or out-of-state purchases | 26 | 0 | 00 |
| Use Tax is based on your county's Sales Tax rate. See instructions for more information. If you certify that no Use Tax is due, check here . . . <input checked="" type="checkbox"/> | | | |
| 27 Amount of line 24 to be credited to your 2022 Estimated Tax | 27 | | 00 |
| 28 Total Contributions for Check-offs (attach I-330) | 28 | | 00 |
| 29 Add line 26 through line 28 and enter the total here | 29 | 0 | 00 |
| 30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the amount to be refunded to you (line 35 check box entry is required) REFUND | 30 | 1,207 | 00 |
| 31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter the total. This is your tax due | 31 | | 00 |
| 32 Late filing and/or late payment: Penalties _____ Interest _____ Enter total here | 32 | | 00 |
| 33 Penalty for Underpayment of Estimated Tax (attach SC2210) Enter exception code from instructions here if applicable _____ | 33 | | 00 |
| 34 Add line 31 through line 33 and enter your balance due (select payment option on line 36) BALANCE DUE | 34 | | 00 |

REFUND OPTIONS Getting a refund? **Direct deposit is fast, accurate, and secure!**

35 Select one: Direct Deposit (line 37 required) (for US accounts only) Debit Card Paper Check

PAYMENT OPTIONS Have a balance due? **Pay electronically! It's quick and easy!**

36 Select one: MyDORWAY (pay at dor.sc.gov/pay) ACH Debit (enter your US bank information on line 37)

37 Type of Account: Checking Savings

Routing Number (RTN) Must be 9 digits. The first two numbers of the RTN must be 01 through 32. Bank Account Number (BAN) 1-17 digits

For payments only: Withdrawal Date Withdrawal Amount

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your signature _____ Date _____ Spouse's signature (if married filing jointly, BOTH must sign) _____

I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes No Preparer's printed name SYAM PRIYA RAM SAGAR GUPTA TALLAM

| | | | |
|--|-----------------|---|----------------|
| Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 04-17-2022 | Check if self-employed <input type="checkbox"/> | PTIN P02082703 |
| Firm name (or yours if self-employed), address, ZIP GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041 | FEIN 30-1017196 | Phone (678) 965-9522 | |

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

1555



dor.sc.gov

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2021 NONRESIDENT SCHEDULE

SCHEDULE NR
(Rev. 10/12/21)
3081

For the year January 1 - December 31, 2021, or fiscal tax year beginning 2021 and ending 2022

| | | | |
|-----------------------------------|--|---------------------|---------------------------------|
| Your name PALA, BHARGAVI REDDY | Your Social Security Number 163-85-0083 | Spouse's first name | Spouse's Social Security Number |
|-----------------------------------|--|---------------------|---------------------------------|

| | | |
|-------------------------------|-----------------------------------|--|
| Your dates of SC residency to | Spouse's dates of SC residency to | Schedule NR is for Nonresidents or Part-year residents Attach to completed SC1040. |
|-------------------------------|-----------------------------------|--|

| INCOME AND EXCLUSIONS | | Income as Shown on Federal Return COLUMN A | | South Carolina Income COLUMN B | |
|-----------------------|---|---|----|-----------------------------------|----|
| 1 | Wages, salaries, tips, etc | 92,991 | 00 | 36,093 | 00 |
| 2 | Taxable interest income | | 00 | | 00 |
| 3 | Dividend income | | 00 | | 00 |
| 4 | State and local Income Tax refunds | | 00 | | |
| 5 | Alimony received | | 00 | | 00 |
| 6 | Business income or (loss) | | 00 | | 00 |
| 7 | Capital gain or (loss) | 111 | 00 | 0 | 00 |
| 8 | Other gains or (losses) | | 00 | | 00 |
| 9 | Taxable amount of IRA distributions | | 00 | | 00 |
| 10 | Taxable amount of pensions and annuities | | 00 | | 00 |
| 11 | Rents, royalties, partnerships, estates, trusts, etc | -10,185 | 00 | 0 | 00 |
| 12 | Farm income or (loss) | | 00 | | 00 |
| 13 | Unemployment compensation | | 00 | | 00 |
| 14 | Taxable amount of Social Security benefits | | 00 | | |
| 15 | Other income | | 00 | | 00 |
| 16 | Total Income: Add line 1 through line 15 | 82,917 | 00 | 36,093 | 00 |
| ADJUSTMENTS TO INCOME | | Federal Adjustment | | SC Adjustment | |
| 17 | Educator expenses | | 00 | | 00 |
| 18 | Certain business expenses of reservists, performing artists, and fee-basis government officials | | 00 | | 00 |
| 19 | Health savings account deduction | | 00 | | 00 |
| 20 | Moving expenses for members of the Armed Forces | | 00 | | 00 |
| 21 | Deductible part of self-employment tax | | 00 | | 00 |

*Attach to
SC1040*

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.

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REV 03/22/22 PRO



SC adjustment continued

| | | COLUMN A | COLUMN B |
|----|---|----------|---------------------|
| 22 | Self-employed SEP, SIMPLE, and qualified plans..... | 22 | 00 00 |
| 23 | Self-employed health insurance deduction | 23 | 00 00 |
| 24 | Penalty on early withdrawal of savings | 24 | 00 00 |
| 25 | Alimony paid | 25 | 00 00 |
| 26 | IRA deduction | 26 | 00 00 |
| 27 | Student loan interest deduction | 27 | 00 00 |
| 28 | Other adjustments | 28 | 00 00 |
| 29 | Charitable contributions if you take the standard deduction | 29 | |
| 30 | Total adjustments: Add line 17 through line 29 | 30 | 00 00 |
| 31 | Adjusted gross income: Subtract line 30 from line 16 | 31 | 82,917 00 36,093 00 |

SOUTH CAROLINA ADJUSTMENTS

ADDITIONS

| | | | | |
|----|--------------------------------|----|--|----|
| 32 | South Carolina additions | 32 | | 00 |
|----|--------------------------------|----|--|----|

SUBTRACTIONS

| | | | | |
|----|---|-----|--|-----------|
| 33 | South Carolina dependent exemption (see instructions) | 33 | | 4,300 00 |
| 34 | 44% of net capital gains held for more than one year | 34 | | 00 |
| 35 | Retirement deduction (see instructions) | | | |
| | a) Taxpayer (date of birth: _____) | 35a | | 00 |
| | b) Spouse (date of birth: _____) | 35b | | 00 |
| | c) Surviving spouse (date of birth of deceased spouse: _____) | 35c | | 00 |
| | Military retirement deduction (see instructions) | | | |
| | d) Taxpayer (date of birth: _____) | 35d | | 00 |
| | e) Spouse (date of birth: _____) | 35e | | 00 |
| | f) Surviving spouse (date of birth of deceased spouse: _____) | 35f | | 00 |
| 36 | Age 65 and older deduction (see instructions - must be resident for part of the year) | | | |
| | a) Taxpayer (date of birth: _____) | 36a | | 00 |
| | b) Spouse (date of birth: _____) | 36b | | 00 |
| 37 | Deductions for dependents under 6 years of age on December 31 of the tax year (see instructions - must be resident for part of the year) Date of birth: _____ SSN: _____ | | | |
| | Date of birth: _____ SSN: _____ | 37 | | 00 |
| 38 | Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program | 38 | | 00 |
| 39 | Active Trade or Business Income deduction (see instructions) | 39 | | 00 |
| 40 | Consumer Protection Services | 40 | | 00 |
| 41 | Other subtractions (see instructions) | 41 | | 00 |
| 42 | Total South Carolina subtractions: Add line 33 through line 41 | 42 | | 4,300 00 |
| 43 | Total South Carolina adjustments: Subtract line 42 from line 32 | 43 | | -4,300 00 |
| 44 | SC modified adjusted gross income: Add Column B, line 31 and line 43 | 44 | | 31,793 00 |

45 PRORATION:
Line 31, Column B divided by line 31, Column A = 43.53 % (do not exceed 100%)

46 DEDUCTIONS ADJUSTMENT:
If using the standard deduction, enter the amount from federal form on line 46.
If itemizing, use the Schedule NR instructions, and enter the amount from Part IV on line 46.
Enter the following amounts from the instructions:

Part I (Itemized Deductions) _____
 Part II, Worksheet, line 6 (State Taxes) _____
 Part III (Other Expenses) _____

| | | | |
|----|---|--------|------|
| 46 | | 18,800 | 00 |
| 47 | < | 8,184 | 00 > |
| 48 | | 23,609 | 00 |

47 Allowable deductions: Multiply line 46 by 43.53 % (from line 45).....

48 South Carolina taxable income: Subtract line 47 from line 44, Column B. Enter the difference here and on SC1040, line 5. If line 48 is a negative figure, enter zero on SC1040, line 5

Attach this form and a complete copy of your federal return to your SC1040. Check the Schedule NR box on the front of SC1040. Do not submit Schedule NR separately. We cannot process your return if this form is submitted separately.