IRS e-file Signature Authorization

OMB No. 1545-0074

Social coourity number

ERO must obtain and retain completed Form 8879.

Submission Identification Number (SID)

Taxpayor'a pama

Internal Revenue Service

Taxpaye	er s name	Social security nu	umber
MAD	HUSOODHANAN CHETLUR RAGHAVAN	781-60-30)99
Spouse	's name	Spouse's social s	ecurity number
DAL	E MAGDALENE HICKMAN	757-95-8	036
Part	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	•	1 180,047.
2	Total tax		2 25,258.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 35,461.
4	Amount you want refunded to you	4	1 0,975.
5	Amount you owe		5

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

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

Taxpayer's PIN: check one box only 9 0 3 0 9 X lauthorize GLOBAL TAXES LLC to enter or generate my PIN as my Enter five digits, but ERO firm name don't enter all zeros 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 plN 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 5 X lauthorize GLOBAL TAXES LLC 8 3 to enter or generate my PIN 0 6 as mv ERO firm name Enter five digits, but don't enter all zeros 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. Date Spouse's signature Practitioner PIN Method Returns Only—continue below Certification and Authentication – Practitioner PIN Method Only Part III 5 ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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	
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		 		 0070 /=	
	_	 	m — See Instructions 5 Unless Requested To Do So		
signature 🕨					

1040		urtment of the Treasury-Internal Revenue Servie S. Individual Income Tax		⁽⁹⁹⁾ 20	21	OMB No. 1545	-0074	IRS Use Only	–Do not v	write or staple	in this space.
Filing Status Check only one box.	lf yo	Single \mathbf{X} Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of y	ed filing separately your spouse. If yo							
Your first name	and mi	ddle initial	Last nar	ne					Your so	ocial securi	ty number
MADHUSO	DHAI	NAN	CHET	LUR RAGHAV	AN				781-	60-309	9
If joint return, s	pouse's	first name and middle initial	Last nar	ne					Spouse	's social se	curity number
DALE MAG	GDALI	ENE	HICK	MAN					757-	95-803	6
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	pt. no.	Preside	ential Election	on Campaign
59 HAST	INGS	ROAD							Check	here if you,	or your
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	baces below.	Sta	ate	ZIP co	de			ntly, want \$3
KENDALL	PARI	X			N	J	088	24		o this fund. Iow will not	Checking a change
Foreign countr	/ name		F	oreign province/sta	te/coun	ity	Foreig	n postal code		x or refund.	•
										You	Spouse
At any time du	ring 20	21, did you receive, sell, exchange,	or othe	rwise dispose of a	any fina	ancial interest i	in any v	virtual curre	ncy?	X Yes	No
Standard Deduction		eone can claim: Vou as a de Spouse itemizes on a separate return Were born before January 2, 19	n or you	were a dual-state	us alier	_	rn hofo	ro lopuona	0 1057	☐ Is bl	lind
			957		Spouse			re January 2			
Dependent	•	Instructions): rst name Last name		(2) Social secu number	rity	(3) Relationsh to you	nip	(4) ♥ if q Child tax ci		or (see instru	ictions): her dependents
lf more than four	<u> </u>				0.70	-				Credit for ot	
dependents,	AAR	ON ROSHAN MADHU		756-68-207		79 Son					
see instruction	s ——										
and check here ►											
	1	Wages, salaries, tips, etc. Attach F	orm(c) V	N/ 2					. 1	1	<u> </u>
Attach	 2a		2a	v-z		· · · ·	· ·		. 1		01,910.
Sch. B if	2a 3a		3a	2,786.		Faxable interes			. 21	-	2,786.
required.	4a		4a	277001		Ordinary divide Faxable amoun			. 4	-	2,700.
			5a			Taxable amoun			. 51	-	
Standard	6a		ba Ba			Taxable amoun			. 61	-	
Deduction for-	7	Capital gain or (loss). Attach Sched		required If not re				· · · · ► [· · · · ·	-	6,678.
 Single or Married filing 	8	Other income from Schedule 1. line					• •		. 8		11,333.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a					• •		• <u> </u>		80,047.
\$12,550 Married filing	10	Adjustments to income from Sched		3			• •		. 10		
jointly or	11	Subtract line 10 from line 9. This is					• •		▶ <u>1</u> 1		80,047.
Qualifying widow(er),	12a	Standard deduction or itemized	-			12	 a ∣	25,10			507017.
\$25,100 • Head of	b	Charitable contributions if you take			,			60			
household,	c									c ·	25,700.
\$18,800 • If you checked	13	Qualified business income deducti							. 13		
any box under Standard	14								. 14		25,700.
Deduction,	15	Taxable income. Subtract line 14							. 19		54,347.
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 i	f any from Form	(s): 1 🗌 881	4 2 4972	3		16	25,258.
	17	Amount from Schedule 2, line						17	
	18	Add lines 16 and 17						18	25,258.
	19	Nonrefundable child tax cred						19	
	20	Amount from Schedule 3, line						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	25,258.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is y	our total tax				. 🕨	24	25,258.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 35	,461.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	35,461.
If you have a	26	2021 estimated tax payments			37			26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC) .				27a		_	
		Check here if you were be							
		January 2, 2004, and you taxpayers who are at least ag							
	b	Nontaxable combat pay elect		1 1					
	c	Prior year (2019) earned inco							
	28	Refundable child tax credit or			Schedule 8812	28	772.		
	29	American opportunity credit f				29		1	
	30	Recovery rebate credit. See i				30		1	
	31	Amount from Schedule 3, line				31			
	32	Add lines 27a and 28 through					lits 🕨	32	772.
	33	Add lines 25d, 26, and 32. Th		•				33	36,233.
Defendel	34	If line 33 is more than line 24,						34	10,975.
Refund	35a							35a	10,975.
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here • Routing number 1 2 2 1 0 1 7 0 6 • c Type: X Checking Savings							
See instructions.		Account number 4 5 7					<u>-</u>		
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract I				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	oelow.	× No
-		signee's		Phone			nal identi		
		me 🕨		no. 🕨			er (PIN)		
Sign		der penalties of perjury, I declare th ief, they are true, correct, and comp							
Here				Date	Your occupation			• •	t you an Identity
	. 10	ur signature		Dale	Four occupation				N, enter it here
Joint return?					SOFTWARE	ENGINEER	(see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupa	tion			t your spouse an
Keep a copy for your records.	•					_		tity Prote inst.) ▶ [ction PIN, enter it here
your roooraor					HOME MAKE		(See	ilist.)	
		one no. (602) 628-2917		Email address	CRMADHU20	@GMAIL.COM	PTIN		Chook if:
Paid		-	Preparer's signat			Date			Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAN	1 03/23/2022	P02082		Self-employed
Use Only		m's name ► GLOBAL TAX			- 07 20041				678)965-9522
		m's address ► 2530 Pebbl		n Cummin	-		Firm	's EIN ►	
Go to www.irs.ge	ov/Forn	n1040 for instructions and the lates	t information.		BAA	REV 03/12/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR. *irs.gov/Form1040* for instructions and the latest information. ► Go to

OMB No. 1545-0074 2021 Attachment Sequence No. **01**

Internal Revenue Service	► Go to www.irs.gov/Form1040 for instructions and the la
Name(s) shown on Fo	orm 1040. 1040-SR. or 1040-NR

Your	social	security	numl
701	_60_3	000	

М

6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 7 8 Other income: 8a () a Net operating loss 8a () b Gambling income 8a () 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 j Stock options 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 n Section 951(a) inclusion (see instructions) n Section 951(a) inclusion (see instructions) n Section 951(a) inclusion (see instructions) o Section 461(l) excess business loss adjustment p Total other income. Add lines 8a through 8z 9 Total other income. Add lines 8a through 8z 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		s) shown on Form 1040, 1040-SR, or 1040-NR				ecurity number
1 Taxable refunds, credits, or offsets of state and local income taxes				181-6	50-30	22
2a Alimony received						
b Date of original divorce or separation agreement (see instructions) ▶ 3 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 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 7 8 Other income: 8a (a Net operating loss 8a (c Cancellation of debt 8a (d Foreign earned income exclusion from Form 2555 8d (g Jury duty pay 8g h Prizes and awards 8h i Activity not engaged in for profit income 8i j Stock options 8i k Income from the rental of personal property if you engaged in the rental of profit but were not in the business of renting such property m Section 951(a) inclusion (see instructions) 8n s Section 951(a) inclusion (see instructions) 8n g 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-SR, or 1040-SR, or 1040-SR, or 1040-SR, or 1040-SR, or 1040, SR, or 1040	-					
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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 8i j Olympic and Paralympic medals and USOC prize money (see instructions) 8i m Section 951A(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n z Other income. List type and amount 8p g Total other income. Add lines 8a through 8z 9 <t< th=""><td>b</td><td>Gambling income</td><td>8b</td><td></td><td></td><td></td></t<>	b	Gambling income	8b			
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1040-NR, line 8	9				9	
	10					
	For Pa				<u> </u>	

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

REV 03/12/22 PRO

BAA

SCHEDULE B (Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074 2021

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.
 ▶ Attach to Form 1040 or 1040-SR.

Department of the Treasury Internal Revenue Service (99)				Attachme Sequence	nt e No. 08	3
Name(s) shown on r				social securi	-	ber
M CHETLUR	RAGHA	AVAN & D HICKMAN	781	-60-309	9	
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	ount	
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►				
(See instructions and the Instructions for Form 1040, line 2b.)						
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that			1			
form.	2	Add the amounts on line 1	2			
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4			
	Note:	If line 4 is over \$1,500, you must complete Part III.		Am	ount	
Part II	5	List name of payer E*TRADE SECURITIES LLC			2,7	53.
Ordinary Dividends (See instructions and the Instructions for Form 1040, line 3b.)		Robinhood Securities LLC	5			33.
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR,				
on that form.		line 3b	6		2,78	86.
		If line 6 is over \$1,500, you must complete Part III.				
Part III		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary divide n account; or (c) received a distribution from, or were a grantor of, or a transferor to, a			Yes	No
Foreign Accounts and Trusts	7a	At any time during 2021, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) locat country? See instructions				×
Caution: If required, failure to file FinCEN		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See Find and its instructions for filing requirements and exceptions to those requirements .	CEN F	orm 114		
Form 114 may result in substantial		If you are required to file FinCEN Form 114, enter the name of the foreign cour financial account is located ►				
penalties. See instructions.	8	During 2021, did you receive a distribution from, or were you the grantor of, or t foreign trust? If "Yes," you may have to file Form 3520. See instructions				×

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

2021 Attachment Sequence No. 12

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

Department of the Treasury

M CHETLUR RAGHAVAN & D HICKMAN

Your social security number

781-60-3099

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 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)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	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.			line 2, column	r (g)	with column (g)
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	50,226.	44,090.	5	42.	6,678.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	Carryover	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .	, ,	7	6,678.

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

lines This	may be easier to complete if you round off cents to (sales price) Cost (or other basis) Form(s) 894		(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11 12	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
13	Capital gain distributions. See the instructions		12			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	

Part	III Summary	· · · ·
16	Combine lines 7 and 15 and enter the result	16 6,678.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/12/22 PRO

Schedule D (Form 1040) 2021

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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.

2021 Attachment Sequence No. 12A

au idantification uu

Name(s) shown on return	Social security number of taxpayer identification number
M CHETLUR RAGHAVAN & D HICKMAN	781-60-3099

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		Cost or other basis.enter a code in column (f).See the Note belowSee the separate instructions.		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)		
E*TRADE SECURITIES LLC	01/01/21	12/31/21	33,376.	29,219.	W	542.	4,699.		
Robinhood Securities LLC	01/01/21	12/31/21	16,850.	14,871.			1,979.		
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) ►			50,226.	44,090.		542.	6,678.		

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 Supplemental Income and Loss				OMB No. 1545-0074									
(Form	rm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)					9		1						
Department of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041.					<u> </u>	hment	•							
Internal I	Revenue Service (99)		Go to www.	irs.gov/ScheduleE	for inst	ructions	s and the	e latest	information	า.		Sequ	ence No.	13
Name(s)	shown on return												ty numbe	er
-			& D HICKMAN									0-309		
Part				eal Estate and Ro										use
				are an individual, rep										
	•			vould require you t										-
				orm(s) 1099?							•	. 🗆	Yes _	No
<u>1a</u> A	-			reet, city, state, ZI										
 	59 HASTIN	GS RU	DAD KENDALL	PARK NJ IN	08824	1								
C														
 1b	Type of Pro	norty	2 For each re	ntal real actata pro	no orthy li	iatad		Fair	Rental	Per	sonal	Use		
10	(from list be		above, repo	ental real estate pro ort the number of fa	air rent	al and		-	Days		Days		Q	JV
A	2		personal us	ort the number of fase days. Check the the requirements t	QJV b	ox only	Α		365			0	Г	7
B			qualified joi	int venture. See ins	structio	ns.	B					0		
C	+		-				C							7
	of Property:						-							
	gle Family Resid	dence	3 Vacation/S	Short-Term Rental	5 La	nd		7 Self-	Rental					
2 Mul	ti-Family Reside	ence	4 Commercia	al	6 Ro	yalties		8 Othe	er (describe	e)				
Incom	ne:			Properties:			Α			B			С	
3	Rents received	t			3			650.						
4	Royalties rece	ived .			4									
Exper														
5					5									
6		-	nstructions)		6									
7	Cleaning and r	mainten	nance		7									
8	Commissions.				8									
9					9			376.						
10	-	-	essional fees		10									
11					11									
12			d to banks, etc. (12		7,	126.						
13					13									
14	-				14									
15	_				15									
16					16		4,	481.						
17					17									
18	-	expense	e or depletion .		18									
19	Other (list) ►													
20	-		lines 5 through 1		20		⊥⊥,	983.						
21			· /	l/or 4 (royalties). If										
				nd out if you must			_11	333.						
00					21		-±±,	555.						
22			i estate loss affel istructions)	r limitation, if any,	22	(11 3	333.)	()	()
23a		-		for all rental prop		(23a		61	, 50.	()
zsa b				for all royalty prop		• •		23a		0.				
c				2 for all properties				23c		7,12	26			
d				8 for all properties				23d		/ / ±2				
e				0 for all properties				23u		11,98	33			
24			•	n on line 21. Do no				206		<u>+</u> +,,,,,(24			
25				and rental real estate				nter tot	al losses he	re	25	(11,3	333 1
26				income or (loss).								\	±±1~	
20				on page 2 do not										

Schedule 1 (Form 1040), line 5.	Otherwise,	include this	amount i	n the total	on line 41	on page	e 2	
For Paperwork Reduction Act Notice, se	e the separa	te instructio	ns.	NPA		-11,	333	•

Schedule E (Form 1040) 2021

-11,333.

26

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents



OMB No. 1545-0074

2021 Attachment Sequence No. 47

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Schedule8812 for instructions and the latest information.

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

Department of the Treasury

Name(s)) shown on return	Your soc	cial se	curity number
М СН	ETLUR RAGHAVAN & D HICKMAN	781-6	60-3	3099
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	1	180,047.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
с	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c	. 2	d	Ο.
3	Add lines 1 and 2d	. 3	3	180,047.
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.		
с	Subtract line 4b from line 4a	0.		
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0		5	2,050.
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	0.		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid			
	alien. Also, do not include anyone you included on line 4a.	ent		
7	Multiply line 6 by \$500 .		7	
8	Add lines 5 and 7		8	2,050.
9	Enter the amount shown below for your filing status.	· –		2,030.
-	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 }		9	400,000.
10	Subtract line 9 from line 3.	•		100,000.
10	• 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.	1	0	0.
11	Multiply line 10 by 5% (0.05)	-	1	0.
12	Subtract line 11 from line 8. If zero or less, enter -0-		2	2,050.
13	Check all the boxes that apply to you (or your spouse if married filing jointly).			27000.
	A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United Sta	tes		
	for more than half of 2021			
	B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021	_		
Part		_		
	on: 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	. 14	4a	0.
b	Subtract line 14a from line 12	. 14	4b	2,050.
с	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	. 14	4c	0.
d	Enter the smaller of line 14a or line 14c	. 14	4d	0.
e	Add lines 14b and 14d		4e	2,050.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) receiv	ved		,
_	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 payme		40	1 070
	for 2021, enter -0	· –	4f	1,278.
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse filing initial) on your L attra(a) (410, the processing of your attraction will be deleved.	e it		
-	filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	4	1-	
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III		4g	772.
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		4h	0
:			*11	0.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 your Form 1040 1040 SP or 1040 NP		1 ;	772.
	your Form 1040, 1040-SR, or 1040-NR	. [1	4i	112.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/12/22 PRO Schedule 8812 (Form 1040) 2021

Part LCQ Filers Who Do Not Check a Box on Line 13 Catulan: If you checked a box on line 13, do not complete Part LC. 15a 15a Laret the amount from the Credit Linti Worksheet A 15a 16 Note the amount of hild the 25c or line 15a 15a 17 The mather of line 12 or line 15a 15a 18 Incer the amount form line 25c. 15d 18 Incer the aggregate amount of advance child tax credit proments you (and your sponse if filing jointly) received in a garce path amount on this line. If you are missing Letter 64f 94 see the instructions before entering an anount on this line. If you are missing Letter 64f 94 see the instructions before entering an anount on this line. If you are missing Letter 64f 94 see the instructions before entering an anount on this line densi'n match the aggregate anounts reported to you (and your sponse if filing jointly) on your Letter 6419 (10) anound the additional child tax credit amount on line 28 or your Term 1040, 1040-SR, or 1040-NR. 15f 18 Subtract line 55c from line 15d. If zero r less, enter -0- on lines 15f through 15h and go to Part III 15g 19 Fourt the sampler of line 150 to r loss 75. This syour accellator credit and credit for other dependents. East of this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR. 15g 19 Fourt the samellar of line 153, do not complete Parts II-A through II-C. you cannot claim the additional child tax credit. The orthore 190 and the 13, do not complete Parts II-A through II-C. you ca	Schedul	le 8812 (Form 1040) 2021	Page 2
Iss Encret the amount from the Credit Limit Worksheet A	Part	I-C Filers Who Do Not Check a Box on Line 13	
b Enter the smaller of line 12 or line 15s 15b Additional child ta cerdit Complete Pars II. A through II. C if you meet each of the following items. 1 1. You are not tiling Form 2555. 2. Line 4.15 more than line 15a. 15c 2. Line 15 is more than line 15a. 15c 15d 3. Line 15 is more than line 15a. 15c 15d 4. Add lines 15b and 15c. 15d 15d 6 Pay on completed Pars II.A through II. C, enter the amount from line 27; otherwise, enter -0. 15d 1. Gard 15b and 15c. 15d 15d 6 Add lines 15b and 15c. 15d 7 20 more than 2cm. 15d 1. Gard 15b and 15c. 15d 15d 7 20 more that mount on this line doesn't match the aggregate amounts reported to you fand your spous if filing jointly on your Letter 15d. 17 zero of less, enter -0. 15d 7 25d 15d. 17 zero of less, enter -0. 15d 9 16d 15d. 17 zero of less, enter -0. 15d 15d 25d 15d. 17 zero, skip Parts 11-A through 11-C; you cannot chain the additional child tax cerdit. 15d 16a 15d 15d 15d 15d	Cautio	on: If you checked a box on line 13, do not complete Part I-C.	
Additional child us credit. Complete Parts II-A through II-C if you meet each of the following items. I. You are not films [Form 2555, 2]. Line 4: is more than zero. 3. Line 15 more than iten 155. c If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0. 4. Add lines 15 hand 156. c Four the agregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See you Terret(s) 6(14) for the amounts to include on this line. If you also runsising Letter 6419, see the for 2021, See you Terret(s) 6(14) for the amounts to include on this line. If you are missing Letter 6419, see the for 2021, See you Terret(s) 6(14) for the amounts to include on this line. If you are missing Letter 6419, see the for 2021, See you Terret(s) 6(14) for the covers and your spouse if filing jointly on your Letter(s) 6419, for the cover for an one will be chapted. f Subtract line 156 from line 154. If zero or less, eater -0. on lines 15f through 15h and go to Part III	15a	Enter the amount from the Credit Limit Worksheet A	15a
 You are not filing Form 2555. Line 4 is more than 2000. Line 12 is more than 1ine 15a. If you completed Pars II. A through II.C. enter the amount from line 27; otherwise, enter -0. If you completed Pars II. A through II.C. enter the amount from line 27; otherwise, enter -0. If and the 15b and 15c. If an	b	Enter the smaller of line 12 or line 15a	15b
 2. Line 4 is more than zero. 3. Line 12 is more than line 15a. c If you completed Pars II. A through II-C, enter the amount from line 27; otherwise, enter -0. 15c 15d 15d<		Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.	
a. Line 12 k more than line 15a. is c If you completed Pars II. A furough II.C, enter the amount from line 27; otherwise, enter -0. is d Add lines 15b and 15c is e Enter the aggregate amount of advance child tax credit payments you (and your spouse) if filing jointly) received to this line. If you and your spouse if filing jointly) near the state of 6410 for the amounts to include on this line. If you (and your spouse) if filing jointly) near the desen't match the aggregate amounts reported to you (and your spouse) if filing jointly) near the source of 6410 for the angung the angung the angung the angung the angung the source of for other dependents. Enter this amount on line 19 dry our Form 1040, 1040-SR, or 1040-SR. is g Funct the smaller of line 15T. This is your compretundable child tax credit for other dependents. Enter this amount on line 19 dry our Form 1040, 1040-SR, or 1040-SR. is Part II-A Additional Child Tax Credit (use only if completing Part I-C) is Caution: If you dicked a box on line 13. do not complete Pars II-A through II-C; you cannot claim the additional child tax credit. is Caution: If you checked a box on line 18. with the required social security number: x S1,400. is 16a is the manuler of childron you use for line line 27. is is 17a is a more than S2,000? is is is 17a is a more than S2,000? is is is i		1. You are not filing Form 2555.	
c if you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0. 15c d Add lines IS band ISc 15d e Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received to 2013. See your Letter(s) 6419 for the amounts to include on lins line. If you damace child as credit payments to 2011, enter -0. 15c Candion: If the amount on this line. Given it is the credie any advance child as credit payments you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. 15c G Subtract line 15c form line 15f. This is your nonrefundable child tax credit and credit for other dependents. Eater this amount on line 19 of your Form 1400, 1400-SR, or 1040-SR. 15f FartII-A Additional Child Tax Credit (use only if completing Part I-C) 15t Candion: If you checked a box on line 13. do not complete Parts II-A hand II-B and enter -0- on line 27. 15d Galton: If you change you set files on line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27. 16d There the smaller of line 16s or line 16b. 17 Base Earder line wort than S2:0007 19 If set the amount on line 18 and enter -0- on line 27. 16d There the smaller of line 16b. 17 Base Earder line wort than S2:0007 10 If set the amoun		2. Line 4a is more than zero.	
d Add thiss 15b and 15c 15d e Earcr the agregate amount of advance child tas credit payments you (add 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 for 2021, enter -0. 1sc Caution: If the amount on this line, enter the amounts of include on this line. If you are missing Letter 6419, see the for 2021, enter -0. 1sc Caution: If the amount on this line, descript mucht the aggregate amounts reported to you (add your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. 1sc g Enter the smaller of line 155 or this 157. This is your morefundable child tax credit are credit and credit for other 155 for this 157. This is your anorefundable child tax credit accredit and credit for other 156. 1sc Caution: If you file form 2555, do not complete Parts IF-A through II-C; you cannot chim the additional child tax credit. 1sd Caution: If you checking you way for this line is the same as the number of children you use for this line is the same as the number of children you use for this line is the same as the number of children you use for this line is the same as the number of children you use for this line is the same strengt in you checking you use for this line is the same as the number of children you use for this line is the same as the number of children you use for this of the advance of line 4a. 1fd The enter beault of risk is parts IF-A and IF-B and enter-0 on line 27 1fd 1fd Thear the samular of		3. Line 12 is more than line 15a.	
 e Enter the aggregate amount of advance child tax credit payments you (and your spose if filing jointly) received for 2020. See your Exter(sel1), See your and the settor (sel1), 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. f subtract line 156 from line 150. If zero or less, enter -0 on lines 151 through 115 and go to Part III	с	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0	15c
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 us 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. 15e I Subtract line 156 form line 154. If zero or these, enter -0- on lines 15f frungs) filing and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR. 15g B Subtract line 155 from lise your additional child tax credit. Enter this amount on line 28 of your form 1040, 1040-SR, or 1040-NR. 15g Caution: If you checked a box on line 13. do not complete Parts II-A through IL-C; you cannot claim the additional child tax credit. 16a I as Subtract line 15f rom line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a I as Subtract line 15f rom line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a I as Subtract line 15f rom line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a I as obstract line 15f rom line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a I as obstract line 15f rom line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a I as obstract line 15f rom line 12. If zero, skip Parts II-A and II-B and enter the smaller of line 14a <td>d</td> <td>Add lines 15b and 15c</td> <td>15d</td>	d	Add lines 15b and 15c	15d
instructions before entering an anount on this line, If you didn't receive any advance child tax credit payments 15e for 2021, enter -0- instructions before entering an annount on this line, If you didn't receive any advance child tax credit payments 15e filing jointly on your Letter(s) 6419, the processing of your return will be delayed. 15f 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, kor 1040-SR Gas to the smaller of line 12 Jr 2roo, skip Parts II-A and II-B and enter -0- on line 27 16a Subtract line 15b from line 12 Jr 12roo, skip Parts II-A and enter -0- on line 27 16a Nember of qualifying children uourt 18 with the required social security number: x \$1,4,00 THP: The number of children you use for this line is the same as the number of children you use for line 4a. 17 18a 18a 17 19 br the amount on line 18a. Tert the result <td< td=""><td>е</td><td>Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received</td><td></td></td<>	е	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received	
for 2021, enter -0. 15e Caution: If the anomuto n this line desn'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. 15f f Subtract line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III 15f g Enset the smaller of line 15b or line 157. This is your additional child tax credit. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR 15g Part II-2 Additional Child Tax Credit (use only if completing Part II-2) 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. 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 Idea Number of qualifying children under 18 with the required social scurity number: x \$1,400. Enter the smaller of line 16 or in line 10. 17 Idea 18a b Nontaxable combat pay (see instructions). 18b 19 Is the amount on line 19b 15%. (of 15) and enter the result. 19 19 Is the amount on line 19b 15%. (of 15) and enter the result. 19 19 Is the amount on line 19b 15%. (of 15) and enter the result. 19 19 Is the amount on li		for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the	
Cuttor: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing joint()) on your Letter(s) 6419, the processing of your return will be delayed. Image: Cuttor in the instruction of the instruction will be delayed. f Subtract line 156 fm line 156. This is your nonrefundable child tax credit and credit for other dependents. Earch this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR. Image: Cuttor in the instruction of the instruction on line 126 of your form 1040, 1040-SR, or 1040-NR. PartUL-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 13.6 not complete Parts II-A and II-B and enter -0- on line 27 Image: Cuttor in the instruction of the instruction on line 126. If a subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0 on line 27 Image: Cuttor in the instruction on line 13.6 mere -0 on line 27 Image: Cuttor in the instruction on line 13.6 mere -0 on line 27 If a termed income (see instructions) Image: Cuttor in the instruction on line 13.6 mere the result Image: Cuttor in the instruction on line 13.6 mere the result If a box is accurate the subtract in the instruction on line 128. Image: Cuttor in the instruction on line 13.6 mere the result If a box is accurate			150
filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. Image: Source of the so			150
f Subtract line 15c from line 15c from line 15f. This is your nonrefundable child tax credit and credit for other dependents. Eater this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR 15g PartIL-A Additional Child Tax Credit (use only if Completing Part I-C) 15h Caution: If you file Form 2555, do not complete Pars II-A through 1-C; you cannot claim the additional child tax credit. 16a 16a Subtract line 15g from line 17. This is your additional child tax credit. 16a 2aution: If you file Form 2555, do not complete Pars II-A through 11-C; you cannot claim the additional child tax credit. 16a 16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a 16a Image: Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a 16b There the smaller of line 16 aor line 16 bo 17 17a 18a 17 18a 19 18a 19 19 18a 19 19 bit amount on line 18a more than 52,500? 18b 19 19 19 19 20 Multiply the amount on line 170, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 21. 20 19 Is the amount on line 18a more tha			
g Enter the smaller of line 15f. This is your nonrefundable child tax redit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR 15g 15g 15g 15g 15g 15g 15g 15g 15g 15g 15g 15g 15g 2aution: 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 156 from ine 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the smaller of line 12. If zero, skip Parts II-A and II-B an denter -0- on line 27. 16a 17 18a 17a 18a Earned income (see instructions). 18b 17a 18a Earned income (see instructions). 18b 17a 19 15 the amount on line 18a more than \$2,500? 19a 19 15 the amount on line 18a. Enter the result 19a 20 Next. On line 16b is the amount on line 18a. Enter the result 19a 2	f		15f
dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-SR. 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 PartII-A Additional Child Tax Credit (use only if completing Part 1-C) 15h 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 16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a 16a Inter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a 17 TiP: The number of children you use for this line is the same as the number of children you use for this line is a the same as the number of children you use for line 4a. 17 18a Enter the smaller of line 16a or line 16b 17 19 Is the amount on line 18a, more than \$2,500? 18a 19 Not Lave (see instructions) 18a 19 Is the amount on line 19b, 15% (0.15) and enter the result 19 19 Is the amount on line 18a. Enter the result 19 19 Is the amount on line 17b, skip Part II-B and enter the smaller of line 17 on line 27. 20 Next. On line 16b, its the amount 50 or more? 1			131
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-SR, or 1040-SR. 15h PartULA Additional Child Tax Credit (use only if completing Part I-C) 15h Caution: If you checked a box on tomplete Parts II-A through II-C: you cannot claim the additional child tax credit. 16a Liao 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 smaller of line 16a or line 16b 16a 16a 18a Earned lincome (see instructions). 18b 17 18a Earned lincome (see instructions). 18b 17 19 Is the amount on line 19b tifs (0.15) and enter the result 19 20 19 Is the amount 54,200 or more? 18a 19 20 19 No. Leave line 10b lank and enter the result 19 20 20 19 20 on line 27. 10 12 20 19 20 maine 27. 10 20 20 20 maine 27. 10 112.15.2. Otherwise, skip Part II-B and enter the smaller of line 17 or line 27. Otherwis	g		15α
Form 1040, 1040-SR, or 1040-SR. 15b PartUPA 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. Idea 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Idea 16a 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 16a TIP: The number of children you used for this line is the same as the number of children you used for line 4a. 17 Is Earned income (see instructions). 18b 17 Is the amount on line 18 more than \$2,500? 18b 19 Is the amount on line 19 more than \$2,500? 18b 19 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 20 Vest. If line 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 21 21 Hest of the amount \$4,200 or more? 21 <td>h</td> <td></td> <td>135</td>	h		135
PartII-A Additional Child Tax Credit (use only if completing Part I-C) Caution: If you file Form 255. 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. Ida 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 16a TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17 Is a famed income (see instructions). 18a b Nontaxable combat pay (see instructions). 18b composition of the 27. 19 Vest. Subtract \$2,500 from the amount on line 18a more than \$2,500? 19 No. Leave line 19 blank and enter -0 on line 20. 19 Vest. Subtract \$2,500 from the amount on line 19 by 15% (0.15) and enter the result 19 20 Mettriple amount on line 19 by 15% (0.15) and enter the result 19 20 Nest. On line 16b, is the amount on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 20 Vest. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 or l	п		15h
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. Ioa Distract line 156 from 1612. If zero, skip Parts II-A and II-B and enter -0- on line 27	Part	Additional Child Tax Credit (use only if completing Part I-C)	1.511
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 b Number of qualifying children under 18 with the required social security number:			
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. 16b 17 If a fame dincome (see instructions) 17 18a Earned income (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? 18a 19 Is the amount on line 19 bank and enter -0- on line 20. Yes. Subtract S2,500 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 19 20 20 Next. On line 16b, is the amount \$4,200 or more? No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 21. 20 21 Withheld social security. Medicare, and Additional Medicare taxes from Form(s) W-2. 21 22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15, Schedule 2 (Form 1040), line 13. and Schedule 2 (Form 1040), line 15, Schedule 2 (Form 1040), line 14. 22 23 Add lines 21 and 22.			x credit.
b Number of qualifying children under 18 with the required social security number:			
Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 160 TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17 If Enter the smaller of line 16 of 0. 17 I8a Earned income (see instructions) 18a b Nontaxable combat pay (see instructions). 18b 19 Is the amount on line 18a more than \$2,500? No. Leave line 19 blank and enter -0- on line 20. Ves. Subtract \$2,500 from the amount on line 18a. Enter the result 19 No. Leave line 19 blank and enter -0- on line 20. Ves. Subtract \$2,500 from the amount on line 18a. Enter the result 19 No. Leave line 19 blank and enter +0- on line 20. Ves. Coll line 16b, is the amount \$4,200 or more? No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 21. 20 Notherwise, go to line 21. 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 guid Additional Medicare Tax or tir 1 RRTA taxes, see instructions 22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15. Schedule 2 (Form 1040), line 13. 23 Add lines 21 and 22. 24 25 Subtract line 24 from line 23. If zero or less, enter -0- 26 27 28 29 20			
TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17 Barred income (see instructions) 18a Barred income (see instructions) 18a Is the amount on line 18 a more than \$2,500? No. Leave line 19 blank and enter -0- on line 20. Yes. Subtract \$2,500 from the amount on line 18a. Enter the result Yes. Subtract \$2,500 from the amount on line 18a. Enter the result Yes. Subtract \$2,500 from the amount on line 18a. Enter the result Yes. Subtract \$2,500 from the amount on line 18a. Enter the result Yes. Subtract \$2,500 from the amount \$4,200 or more? 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. Otherwise, go to line 21. Otherwise, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. Otherwise, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, skip Part II-B and enter the smaller of line 17 on line 2	~		16b
17 Enter the smaller of line 16a or line 16b 17 18a Earned income (see instructions) 18b b Nontaxable combat pay (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? 19 19 No. Leave line 19 blank and enter -0- on line 20. 19 20 Multiply the amount on line 19b up 15% (0.15) and enter the result 19 20 Next. On line 16b, is the amount \$4,200 or more? 19 20 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 27. 20 Ves. If line 20 is zero, enter -0- on line 17, skip Part II-B and enter the amount from line 17 on line 27. 21 Withheld social scurity. 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 tire 1 RRTA taxes, see instructions 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 5; Schedule 2 (Form 1040), line 13. 23 Add lines 21 and 22. 24 23 23 Add lines 21 and 22. 24 24			
18a Earned income (see instructions) 18b b Nontaxable combat pay (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? No. Leave line 19 blank and enter -0 on line 20. Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19 Is 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? 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. Otherwise, go to line 21. PartII-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 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 22 23 23 Add lines 21 and 22 24 24 25 26 26 Next, one line 17 or line 26 on line 27. 27	17		17
b Nontaxable combat pay (see instructions). 18b 19 Is the amount on line 18 more than \$2,500? □ No. Leave line 19 blank and enter -0- on line 20. □ 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 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Next. On line 16b, is the amount \$4,200 or more? 19 □ 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. 20 Otherwise, go to line 21. 21 Vithheld 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 13. 23 23 Add lines 21 and 22 23 24 10400 and 1040-SR filers: Enter the total of the amounts from Schedule 2 (Form 1040), line 11. 24 25 Subtract line 24 from line 23. If zero or less, enter -0. 25 26 Next, enter the smaller of line 17 or line 26	18a		
19 Is the amount on line 18a more than \$2,500?	b		
□ No. Leave line 19 blank and enter -0- on line 20. 19 19 □ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19 20 Next. On line 16b, is the amount \$4,200 or more? 20 20 □ 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. 20 □ 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. 21 Part II-B Certain Filers Who Have Three or More Qualifying Children 21 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 taxe 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 13 22 23 Add lines 21 and 22 23 23 24 1040-SR filers: Enter the total of the amount from Schedule 3 (Form 1040), line 11. 24 24 24 1040-SR filers: Enter the amount from Schedule 3 (Form 1040), line 11. 24 25 25 Subtract line 24 from line 25. Schedule 3 (Form 1040), line 11. 24<	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? 20 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. 20 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. 21 Part II-B Certain Filers Who Have Three or More Qualifying Children 21 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 23 Add lines 21 and 22 2 22 24 1040 and 1040, line 5; Schedule 2 (Form 1040), line 11. 23 25 Subtract line 24 from line 23. If zero or less, enter -0. 25 26 Next, enter the smaller of line 17 or line 26 on line 27. 26 Part II-C Additional Child Tax Credit 27			
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? 20 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. 20 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. 21 Part II-B Certain Filers Who Have Three or More Qualifying Children 21 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 23 Add lines 21 and 22 2 22 24 1040 and 1040, line 5; Schedule 2 (Form 1040), line 11. 23 25 Subtract line 24 from line 23. If zero or less, enter -0. 25 26 Next, enter the smaller of line 17 or line 26 on line 27. 26 Part II-C Additional Child Tax Credit 27		\square Yes. Subtract \$2,500 from the amount on line 18a. Enter the result $$ 19	
Next. On line 16b, is the amount \$4,200 or more? 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. 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 22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 15; Schedule 2 (Form 1040), line 13. 23 Add lines 21 and 22 24 1040 and 1040-SR filers: Enter the total of the amounts from Schedule 3 (Form 1040), line 11. 24 1040-NR filers: Enter the add from Schedule 3 (Form 1040), line 11. 25 Subtract line 24 from line 23. If zero or less, enter -0- 26 Enter the larger of line 20 or line 25 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	20		20
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Part II-C Additional Child Tax Credit 27 Enter this amount on line 15c 27	-		
27 Enter this amount on line 15c 27 27	Part 1		
			27
			edule 8812 (Form 1040) 2021

Schedu	le 8812 (Form 1040) 2021		Page 3
Par	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	30	
	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.		
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.		
	• 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	
	BAA REV 03/12/22 PRO Sch	nedule 8812 (Forn	n 1040) 2021

Form **8889** Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

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

OMB No. 1545-0074
2021
Attachment Sequence No. 52

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ► 781-60-3099

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			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021.	ouon	00000	
•		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		7,200.
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		7,200.
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		7,200.
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		
8	Add lines 6 and 7	8		7,200.
9 10	Employer contributions made to your HSAs for 202191,000.Qualified HSA funding distributions110			
11	Add lines 9 and 10	11		1,000.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		6,200.
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.
_	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	a separate Part II for each spouse.		-ISAs,	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		
C 15	Subtract line 14b from line 14a	14c 15		
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.	15		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional	10		
ma	20% Tax (see instructions), check here \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that			
	are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b		
Part		ons b	efore	
	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.	arate	HSAs	,
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.

	3867	Paid Preparer's Due Diligence Checklist				0074			
		OMB No. 1545-0074							
	ev. December 2021) Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status								
	ent of the Treasury Revenue Service	 To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR Go to www.irs.gov/Form8867 for instructions and the latest information 	R, or 1040-SS. ion.	Attach Seque	nce No.	70			
Тахрауе	r name(s) shown on	return	Taxpayer ident	ification n	umber				
M CH	HETLUR RAGH	IAVAN & D HICKMAN	781-60-3	3099					
	eparer's name and F								
-		I SAGAR GUPTA TALLAM	P0208270)3					
Part		gence Requirements							
	benefit(s) claim	propriate box for the credit(s) and/or HOH filing status claimed on the return ned (check all that apply).		e the rela		HOH			
1		lete the return based on information for the applicable tax year provided by t obtained by you? (See instructions if relying on prior year earned income.)	he taxpayer	Yes X	No	N/A			
2	worksheets for 1040) instructi	claimed on the return, did you complete the applicable EIC and/or CTC/ und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule ions, and/or the AOTC worksheet found in the Form 8863 instructions, on hat provides the same information, and all related forms and schedules for	8812 (Form or your own	×					
3	Did you satisfy the following.Interview the	the knowledge requirement? To meet the knowledge requirement, you must taxpayer, ask questions, and contemporaneously document the taxpayer's re at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.							
	• Review infor	mation to determine that the taxpayer is eligible to claim the credit(s) and/o o figure the amount(s) of any credit(s)	r HOH filing	X					
4	information rea	nation provided by the taxpayer or a third party for use in preparing the asonably known to you, appear to be incorrect, incomplete, or inconsistent ons 4a and 4b. If " No ," go to question 5.)			×				
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent inform	nation? .						
b	you asked, wh information ha	mporaneously document your inquiries? (Documentation should include th nom you asked, when you asked, the information that was provided, and the d on your preparation of the return.)	e impact the						
5	keep a copy of applicable wor 8867 and any	v the record retention requirement? To meet the record retention requirement f your documentation referenced in question 4b, a copy of this Form 8867, a ksheet(s), a record of how, when, and from whom the information used to put applicable worksheet(s) was obtained, and a copy of any document(s) provide you relied on to determine eligibility for the credit(s) and/or HOH filing status of the aradit(c)	copy of any repare Form vided by the	×					
		uments provided by the taxpayer, if any, that you relied on:							
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiate eligi r HOH filing status and the amount(s) of any credit(s) claimed on the retu red for audit?	rn if his/her	X					
7		e taxpayer if any of these credits were disallowed or reduced in a previous yea		×					
	•	e disallowed or reduced, go to question 7a; if not, go to question 8.)							
а		ete the required recertification Form 8862?							
8	If the taxpayer correct Schedu	is reporting self-employment income, did you ask questions to prepare a coule C (Form 1040)?	omplete and						
For Pa		ion Act Notice, see separate instructions. REV 03/12/22 PRO		Form 886	67 (Rev.	12-2021)			

Form 8	867 (Rev. 12-2021)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
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.)	Yes	No	N/A
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?			
с Part	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)?			
i di t	or ODC, go to Part IV.)			0.0,
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?	Yes X	No	N/A
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?	X		
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?	×		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quituition and related expenses for the claimed AOTC?	alified	Yes	No
Part			o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
Part	and provided more than half of the cost of keeping up a home for the year for a qualifying person? Eligibility Certification			
r ai t	 You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you: 	nd/or H	OH fili	ng
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(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 check credit(s) claimed and HOH filing status, if claimed;	list for a	iny app	licable
	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 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	0	-	
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.			
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount			
	If you have not complied with all due diligence requirements, you may have to pay a penalty for e comply related to a claim of an applicable credit or HOH filing status (see instructions for more in the second			
4.5		'	Var	N.

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No				
	complete?	×					
	REV 03/12/22 PRO Form						



NJ-1040 2021 Page 1



2021 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

040MP01210

Your Social Security Number (required) 781603099

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.) CHETLUR RAGHAVAN MADHUSOODHANAN & HICKMAN DAL

Spouse's/CU Partner's SSN (if filing jointly) 757958036

County/Municipality Code (See Table page 50) 1221

City, Town, Post Office

KENDALL PARK

Note: This does not reduce your refund or increase your balance due.

State ZIP Code NJ 08824

Driver's License Number (Voluntary) (See instructions) $C3405 \quad 50600 \quad 058$

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You			Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner			Yes	No
Direct Deposit Information					
dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)		dd1.	1		
dd2. Account type (C for checking, S for savings)		dd2.	С		
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.			
dd4. Routing number		dd4.			122101706
dd5. Account number		dd5.		45	57024513249



NJ-1040 2021		Name(s) as shown on Fo CHETLUR RA Your Social Security Nu 781603099	AGHAVAN	MADHUSOC	DHANAN	& HICKMA 1555
Page 2 04 0MP 0 2 2		191002033				1000
Part-year residents, provide months/days you were a	-	nt during 2021:		Fiscal year filers on	ly:	
From: To:				Enter month of you	r year end	2022
Filing Status Fill in only one.						
1. Single						
2. X Married/CU Couple, filing joint return						
 Married/CU Partner, filing separate re Head of Household 	turn		Enter enouse's	CU partner's SSN		
 Fread of Household Qualifying Widow(er)/Surviving CU 	Partner		Enter spouse s	CO partiler \$ 551		
Indicate the year of your spouse's/CU		2019 202	0			
Exemptions Fill in the ovals that apply. You must enter a total in the box	es to the right and com	nplete the calculation.				
6. Regular X	$_{Self}$ X	Spouse/CU Partner	Domestic Pa	artner 2	x \$1,000 =	
7. Senior 65+ (Born in 1956 or earlier)		Spouse/CU Partner			x \$1,000 =	
8. Blind/Disabled		Spouse/CU Partner			x \$1,000 =	
 Veteran Qualified Dependent Children 	Self	Spouse/CU Partner		1	x \$6,000 = x \$1,500 =	
11. Other Dependents				±	x \$1,500 =	
 Dependents Attending Colleges (See instruction 	ons)				x \$1,000 =	
13. Total Exemption Amount (Add totals from the	e lines at 6 through	12)			13.	3500 .
14. Dependent Information. Provide the following	g information for e	ach dependent.	a 1 a 1	NT 1	D' d V	
Last Name, First Name, Middle Initial			Social Security		Birth Year	No Health Insurance
A MADHII AARON DOQUA	N		756622	079	2017	
a. <u>MADHU, AARON ROSHA</u> b.			756682	079	2017	
			756682	079	2017	



2021

Page 3



Name(s) as shown on Form NJ-1040 CHETLUR RAGHAVAN MADHUSOODHANAN & HICKMAN

Your Social Security Number 781603099

1555

		1.5	107510	
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	187512	•
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.		•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	2786	•
17.	Dividends	17.	2/00	•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	6678	•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	00/8	•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.		·
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.		·
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		•
24.	Net Gambling Winnings (See instructions)	24.		•
25.	Alimony and Separate Maintenance Payments received	25.		•
26.	Other (Enclose documents) (See instructions)	26.	196976	•
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	1909/0	·
28a.	Pension/Retirement Exclusion (See instructions)	28a.		•
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.		•
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	100070	•
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	196976	•
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	3500	•
31.	Medical Expenses (See Worksheet F and instructions)	31.		•
32.	Alimony and Separate Maintenance Payments (See instructions)	32.		•
33.	Qualified Conservation Contribution	33.		•
34.	Health Enterprise Zone Deduction	34.	0	•
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	•
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	0 - 0 0	•
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	3500	•
38.	Taxable Income (Subtract line 37 from line 29)	38.	193476	•
39a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	4481	•
39b.				
39b.				
39b.		Worksheet G		
39c.				
39d.		Both	4 4 0 1	
40.	Property Tax Deduction (From Worksheet H) (See instructions)	40.	4481	•
41.	New Jersey Taxable Income (Subtract line 40 from line 38)	41.	188995	•
42.	Tax on Amount on line 41 (Tax Table page 52)	42.	7996	•
43.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.		•
	Enter Code			
44.	Balance of Tax (Subtract line 43 from line 42)	44.	7996	•
45.	Sheltered Workshop Tax Credit	45.		•
46.	Gold Star Family Counseling Credit (See instructions)	46.		•
47.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	47.		•
48.	Total Credits (Add lines 45 through 47)	48.		•
49.	Balance of Tax After Credits (Subtract line 48 from line 44) If zero or less, make no entry	49.	7996	•
50.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	50.	0	•
51.	Interest on Underpayment of Estimated Tax	51.		•
	Fill in if Form NJ-2210 is enclosed			

Х **REQUIRED** Enclose Schedule HCC and fill in 52. Shared Responsibility Payment (See instructions)

0.

52.

NJ-1 2021 Page		Name(s) as shown of CHETLUR I Your Social Security 781603099	RAGH <i>A</i>		MADHUSOODHANA	N & HIC	CKMAN 1555	
53.	Total Tax Due (Add lines 49 through 52)					53.	7996	
54.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (P	art vear, see instructior	ns)			54.	11756	
55.	Property Tax Credit (See instructions page 23)		,			55.		
56.	New Jersey Estimated Tax Payments/Credit from 2020 tax return					56.		
57.	New Jersey Earned Income Tax Credit (See instructions)					57.		
	Fill in if you had the IRS calculate your federal earned income cre	dit						
	Fill in if you are a CU couple claiming the NJ Earned Income Tax	Credit						
58.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-245	0) (See instructions)				58.		
59.	Excess New Jersey Disability Insurance Withheld (Enclose Form	NJ-2450) (See instructi	ions)			59.		
60.	Excess New Jersey Family Leave Insurance Withheld (Enclose Fo	orm NJ-2450) (See instr	ructions)			60.		•
61.	Wounded Warrior Caregivers Credit (See instructions)					61.		•
62.	Pass-Through Business Alternative Income Tax Credit (See instru	ctions)				62.		•
63.	Child and Dependent Care Credit (See instructions)					63.		•
	Fill in if you are a CU couple claiming the Child and Dependent C	Care Credit						
64.	Total Withholdings, Credits, and Payments (Add lines 54 through	63)				64.	11756	•
65.	If line 64 is less than line 53, you have tax due. Subtract line 64 fr	om line 53 and enter th	e amount y	ou owe		65.		•
	If you owe tax, you can still make a donation on lines 68 through							
66.	If the total on line 64 is more than line 53, you have an overpayme	ent. Subtract line 53 fro	m line 64 a	nd enter th	ne overpayment	66.	3760	•
67.	Amount from line 66 you want to credit to your 2022 tax					67.		•
68.	Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other		68.		•
69.	Contribution to N.J. Children's Trust Fund to Prevent Child Abus		\$20	Other		69. 70		•
70.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other		70.		•
71.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other		71.		•
72. 73.	Contribution to U.S.S. New Jersey Educational Museum Fund Other Designated Contribution (See instructions)	\$10 \$10	\$20 \$20	Other Other	Enter Code	72. 73.		•
73. 74.	Other Designated Contribution (See instructions)	\$10	\$20 \$20	Other	Enter Code	73. 74.		•
75.	Other Designated Contribution (See instructions)	\$10	\$20 \$20	Other	Enter Code	74.		•
76.	Total Adjustments to Tax Due/Overpayment amount (Add lines 6		Ψ20	Other		75.		:
77.	Balance due (If line 65 is more than zero, add line 65 and line 76)					70.		
78.	Refund amount (If line 66 is more than zero, subtract line 76 from	line 66)				78.	3760	•
	(

Under penalties of perjury, I declare that I have examined the the best of my knowledge and belief, it is true, correct, and c based on all information of which the preparer has any know	Tax Due Address Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation Revenue Processing Center - Payment PO Box 111			
Your Signature Date	Spouse's/CU Pa	urtner's Signature (required if filing jointly)	Date	Trenton, NJ 08645-0111 Include Social Security number and make check or
Paid Preparer's Signature		Federal Identification Number		money order payable to: State of New Jersey – TGI You can also make a payment on our website:
SYAM PRIYA RAM SAGAR GU	PTA TALLAM	P02082703		nj.gov/taxation Refund or No Tax Due Address
Firm's Name		Firm's Federal Employer Identification	Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555
GLOBAL TAXES LLC		30-1017196		Trenton, NJ 08647-0555

Division Use:

3_

_ 4 __

5

6

2_

1_

Name(s) as shown on Form NJ-1040	Social Security Number
CHETLUR RAGHAVAN, MADHUSOODHANAN & HICKMAN, DALE MAGDALENE	781-60-3099

Schedule NJ-DOP

Net Gains or Income From **Disposition of Property**

2021

	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.								
	(a) (b) (c) (d) (e) (f)								
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)			
	E*TRADE SECURITIES LLC	01/01/2021	12/31/2021	33,376.	28,677.	4,699.			
	Robinhood Securities LLC	01/01/2021	12/31/2021	16,850.	14,871.	1,979.			
2.	Capital Gains Distributions								
3.	Other Net Gains								
4.	Net Gains (Add lines 1, 2, and 3.) entry on line 19.)					6,678.			

Schedule NJ-WWC Wounded Warrior Caregivers Credit

2021

Did you provide care for a relative who was a qualifying armed services If "Yes," enter the name and Social Security number of the qualifying service member. Last Name, First Name, Initial Social Security number Enter your relationship to the qualifying service member. If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 61, NJ-1040. 1. 1. Enter the federal disability compensation of the armed services member 2. 2. Maximum credit allowed 675 00 3. Enter the lesser of line 1 or line 2 3. 4. Were you the only caregiver for this service member during the tax year? O Yes \bigcirc No If "No," enter your share (percentage) of the total care expenses for the year. 4. % 5. If you answered "Yes" at line 4, enter the amount from line 3 here and on line 61, NJ-1040.

If you answered "No" at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 61, NJ-1040

5.

Name(s) as shown on Form NJ-1040	Social Security Number
CHETLUR RAGHAVAN, MADHUSOODHANAN & HICKMAN, DALE MAGI	LENE 781-60-3099

		edule NJ-BUS-1 (Form NJ-1040)		lew Jersey Business Inc					ule	2021	
Ρ	art I	Net Profits From Busines	List the net profit (loss) from business(es). See Instructions.								
		Business Name		Social Sec Fede	urity Nu eral EIN		oer/		Prof	it or (Loss)	
1.											
2.											
3.	Net Dret		(F = t								
4.		it or (Loss). (Add lines 1, 2, and 3.) NJ-1040. If loss, make no entry on li					4.				
Р	art II	Distributive Share of Part	ner	ship Incom	е					are of income (loss) ee instructions.	
		Partnership Name		Federal Ell	N			re of Partners come or (Los		Share of Pass-Thr Business Alterna Income Tax	
1.											
2.											
3.	Distribut	ive Change of Doutneyship Income on	(1.00	-		+					
4.	(Add line	ive Share of Partnership Income or es 1, 2, and 3.) (Enter here and on li nake no entry on line 21.)			4						
5.		are of Pass-Through Business Alterness 1, 2, and 3.)(Enter here and include)40.) 5						
Ρ	art III	Net Pro Rata Share of S	Coi	rporation In	come	;				of income (usable n(s). See instructior	າຣ.
		S Corporation Name		Federal EIN				S Corporation able Loss)		e of Pass-Through Bus Alternative Income Tax	
1.											
2.									ļ		
3.											
4.	(Add line:	Rata Share of S Corporation Income or (l s 1, 2, and 3.) (Enter here and on line 22 ake no entry on line 22.)									
5.		re of Pass-Through Business Alternative s 1, 2, and 3.)(Enter here and include on I									
P	art IV	Net Gains or Income From Rents, Royalties, Patents, and Copyrights		form of rer of Property	nts, roya y:	altie	es, pate	ents, and cop	yrights	derived from or in th 5. See instructions. T nts 4 – Copyrights	Гуре
		of Income or Loss. If rental real estant nter physical address of property.	ate,	Social Secu Feder	rity Nur al EIN	nbe	"/ n	ype – Enter umber from list above		Income or (Loss)	
1.	59 HAS	TINGS ROAD		781603099	9			1		-11,333.	
2.											
3.											
4.		me or (Loss). (Add lines 1, 2, and 3 ere and on line 23, NJ-1040. If loss,		ke no entry on l	line 23.)		4.		-11,333.	

Name(s) as shown on Form NJ-1040	Social Security Number
CHETLUR RAGHAVAN, MADHUSOODHANAN & HICKMAN, DALE MAGDALENE	781-60-3099

(Form NJ-1040)

Schedule NJ-BUS-2 New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2021

			Column A		Column B					
Part I Income (Loss)			Reportable Regular Business Income		Alternative Business Income (Loss)					
1.	Net Profits From Business	1a.	0.	16	0.					
2.	Distributive Share of Partnership Income	2a.	0.	2b	0.					
3.	Net Pro Rata Share of S Corporation Income	3a.	0.	3b	0.					
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.	46	-11 , 333.					
5.	Loss Carryforward From Tax Year 2020			5b	D. (18,870.					
6.	Totals	6a.	0.	6b	-30,203.					
Part	II Adjustment Calculation									
7.	Total Regular Business Income	7.	0.							
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.							
9.	Business Increment (Subtract line 8 from line 7)	9.	0.							
10.	Adjustment Percentage	10.	0	.50						
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.							
Part	III Loss Carryforward to Tax Year 2022									
12.	Loss Carryforward to Tax Year 2022			12	2. (30,203.					

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040). Line 1b.
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2020 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2021 is 50% (0.50).
- Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040. Line 11.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Schedule	New Jersey
NJ-HCC	Health Care Coverage
(Form NJ-1040)	If your income on line 29 is at or below the filing threshold,
	do not complete this cohodule

do not complete this schedule.

Name as Shown on Return						Social Security No.
CHETLUR RAGHAVAN,	MADHUSOODHANAN	&	HICKMAN,	DALE	MAGDALENE	781-60-3099

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2021 (See instructions for line 52, NJ-1040.) Part-year residents include only months as a New Jersey resident.

Х

Yes. You do not owe a shared responsibility payment. Fill in the oval at line 52, NJ-1040, and enclose this schedule with your return.

No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 52, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

2021

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code		_	Check							•		nber -	
Exemption Code		-	Check							•	on nur	nber .	
			Check	box if t	his indi		s unde	r 18 .					
Exemption Code		-	Check							•		nber .	
			Check	box if t	his indi	vidual	is unde	r 18 .					
Exemption Code		_	Check							•	on nur	nber -	
			Check	box if t			s unde	r 18 .					
Exemption Code		-	Check									nber .	
			Check										
Exemption Code		-	Check							•	on nur	nber .	
			Check				s unde						
Exemption Code		_	Check							•	on nur	nber .	
			Check				s unde	r 18 .					
Exemption Code		_	Check								on nur	nber .	
			Check	box if t	his indi	vidual	is unde	r 18 .					
Exemption Code		_	Check								on nur	nber .	
			Check										
Exemption Code		_	Check Check							•			

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