

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|                                   |                                       |
|-----------------------------------|---------------------------------------|
| Taxpayer's name<br>SWETHA VADUGAM | Social security number<br>869-30-9863 |
| Spouse's name                     | Spouse's social security number       |

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

Enter whole dollars only on lines 1 through 5.

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

|   |   |   |         |
|---|---|---|---------|
| 1 | Adjusted gross income   | 1 | 80,923. |
| 2 | Total tax   | 2 | 4,699.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 8,881.  |
| 4 | Amount you want refunded to you                               | 4 | 5,982.  |
| 5 | Amount you owe  | 5 |         |

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

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

### Taxpayer's PIN: check one box only

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

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 9 | 8 | 6 | 3 |
|---|---|---|---|---|

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

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

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

  
Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

Filing Status [ ] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [X] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: SWETHA
Last name: VADUGAM
Your social security number: 869-30-9863
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
17080 CARLSON DR
Apt. no.: 1111
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town, or post office. If you have a foreign address, also complete spaces below.
PARKER
State: CO
ZIP code: 80134
Foreign country name:
Foreign province/state/county:
Foreign postal code:
[ ] You [ ] Spouse

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

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

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

Dependents table with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes dependent VIHAAN CHILUKA.

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for, and final Taxable income of 61,823.

|                                      |  |            |         |
|--------------------------------------|--|------------|---------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____   | <b>16</b>  | 7,898.  |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 7,898.  |
| <b>19</b>                            | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | <b>19</b>  |         |
| <b>20</b>                            | Amount from Schedule 3, line 8   | <b>20</b>  | 3,199.  |
| <b>21</b>                            | Add lines 19 and 20  | <b>21</b>  | 3,199.  |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 4,699.  |
| <b>23</b>                            | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b>  | 0.      |
| <b>24</b>                            | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 4,699.  |
| <b>25</b>                            | Federal income tax withheld from:  |            |         |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 8,881.  |
| <b>b</b>                             | Form(s) 1099   | <b>25b</b> |         |
| <b>c</b>                             | Other forms (see instructions)   | <b>25c</b> |         |
| <b>d</b>                             | Add lines 25a through 25c  | <b>25d</b> | 8,881.  |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |         |
| <b>27a</b>                           | Earned income credit (EIC) <span style="float:right">No</span><br>Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | <b>27a</b> |         |
| <b>b</b>                             | Nontaxable combat pay election   | <b>27b</b> |         |
| <b>c</b>                             | Prior year (2019) earned income  | <b>27c</b> |         |
| <b>28</b>                            | Refundable child tax credit or additional child tax credit from Schedule 8812  | <b>28</b>  | 1,800.  |
| <b>29</b>                            | American opportunity credit from Form 8863, line 8   | <b>29</b>  |         |
| <b>30</b>                            | Recovery rebate credit. See instructions   | <b>30</b>  |         |
| <b>31</b>                            | Amount from Schedule 3, line 15  | <b>31</b>  |         |
| <b>32</b>                            | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  | 1,800.  |
| <b>33</b>                            | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 10,681. |
| <b>Refund</b>                        | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 5,982.  |
|                                      | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>35a</b> | 5,982.  |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 081904808 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |         |
|                                      | <b>d</b> Account number 002914023430   |            |         |
|                                      | <b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | <b>36</b>  |         |
| <b>Amount You Owe</b>                | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | <b>37</b>  |         |
|                                      | <b>38</b> Estimated tax penalty (see instructions)   | <b>38</b>  |         |

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

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Phone no. (313) 818-9179 Email address SWETHAVADUGAM@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/27/2022 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>30-1017196                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SWETHA VADUGAM

Your social security number  
869-30-9863

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -8,400. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income:   |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )     |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b> |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )     |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b> |         |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b> |         |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b> |         |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b> |         |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b> |         |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b> |         |
| <b>k</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8k</b> |         |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b> |         |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b> |         |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b> |         |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b> |         |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b> |         |
| <b>z</b>  | Other income. List type and amount ▶ _____<br>Other Income from box 3 of 1099-Misc 2.   | <b>8z</b> | 2.      |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  | 2.      |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   | <b>10</b> | -8,398. |

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

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

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SWETHA VADUGAM

Your social security number  
869-30-9863

**Part I Nonrefundable Credits**

|          |  |           |        |
|----------|--|-----------|--------|
| <b>1</b> | Foreign tax credit. Attach Form 1116 if required . . . . .                                       | <b>1</b>  |        |
| <b>2</b> | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . . | <b>2</b>  | 3,199. |
| <b>3</b> | Education credits from Form 8863, line 19 . . . . .  | <b>3</b>  |        |
| <b>4</b> | Retirement savings contributions credit. Attach Form 8880 . . . . .                              | <b>4</b>  |        |
| <b>5</b> | Residential energy credits. Attach Form 5695 . . . . .   | <b>5</b>  |        |
| <b>6</b> | Other nonrefundable credits:   |           |        |
| <b>a</b> | General business credit. Attach Form 3800 . . . . .  | <b>6a</b> |        |
| <b>b</b> | Credit for prior year minimum tax. Attach Form 8801 . . . . .                                    | <b>6b</b> |        |
| <b>c</b> | Adoption credit. Attach Form 8839 . . . . .  | <b>6c</b> |        |
| <b>d</b> | Credit for the elderly or disabled. Attach Schedule R . . . . .                                  | <b>6d</b> |        |
| <b>e</b> | Alternative motor vehicle credit. Attach Form 8910 . . . . .                                     | <b>6e</b> |        |
| <b>f</b> | Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .                               | <b>6f</b> |        |
| <b>g</b> | Mortgage interest credit. Attach Form 8396 . . . . .   | <b>6g</b> |        |
| <b>h</b> | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                     | <b>6h</b> |        |
| <b>i</b> | Qualified electric vehicle credit. Attach Form 8834 . . . . .                                    | <b>6i</b> |        |
| <b>j</b> | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                   | <b>6j</b> |        |
| <b>k</b> | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .                                | <b>6k</b> |        |
| <b>l</b> | Amount on Form 8978, line 14. See instructions . . . . .   | <b>6l</b> |        |
| <b>z</b> | Other nonrefundable credits. List type and amount ▶ _____  | <b>6z</b> |        |
| <b>7</b> | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                             | <b>7</b>  |        |
| <b>8</b> | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 3,199. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

|           |  |            |           |  |
|-----------|--|------------|-----------|--|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .   |            | <b>9</b>  |  |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .  |            | <b>10</b> |  |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .  |            | <b>11</b> |  |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .  |            | <b>12</b> |  |
| <b>13</b> | Other payments or refundable credits:  |            |           |  |
| <b>a</b>  | Form 2439 . . . . .  | <b>13a</b> |           |  |
| <b>b</b>  | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021 . . . . . | <b>13b</b> |           |  |
| <b>c</b>  | Health coverage tax credit from Form 8885 . . . . .  | <b>13c</b> |           |  |
| <b>d</b>  | Credit for repayment of amounts included in income from earlier years . . . . .  | <b>13d</b> |           |  |
| <b>e</b>  | Reserved for future use . . . . .  | <b>13e</b> |           |  |
| <b>f</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .  | <b>13f</b> |           |  |
| <b>g</b>  | Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441 . . . . .                           | <b>13g</b> |           |  |
| <b>h</b>  | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021 . . . . . | <b>13h</b> |           |  |
| <b>z</b>  | Other payments or refundable credits. List type and amount ► _____   | <b>13z</b> |           |  |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .  |            | <b>14</b> |  |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .                         |            | <b>15</b> |  |

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

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return

SWETHA VADUGAM

Your social security number

869-30-9863

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

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 7,161.                           | 6,762.                          |   | 399.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 399.   |

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b>   |



**Part III Summary**

|           |  |           |      |
|-----------|--|-----------|------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | 399. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |      |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.   |           |      |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |      |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |      |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                |           |      |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( )  |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |      |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |           |      |

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return  
SWETHA VADUGAM

Social security number or taxpayer identification number  
869-30-9863

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

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

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

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

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1   | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|--|---|--|--|--|--|--------------------------------|--|
|   |  |   |  |  |  | (f)<br>Code(s) from<br>instructions  | (g)<br>Amount of<br>adjustment |  |
|   | Robinhood Securities LLC                                     | 01/01/21                                | 08/30/21   | 7,061.   | 6,662.   |  |                                | 399.   |
|   | COINBASE   | 04/29/21                                | 11/19/21   | 100.   | 100.   |  |                                | 0.   |
|   |  |   |  |  |  |  |                                |  |
|   |  |   |  |  |  |  |                                |  |
|   |  |   |  |  |  |  |                                |  |
|   |  |   |  |  |  |  |                                |  |
|   |  |   |  |  |  |  |                                |  |
|   |  |   |  |  |  |  |                                |  |
|   |  |   |  |  |  |  |                                |  |
|   |  |   |  |  |  |  |                                |  |
|   |  |   |  |  |  |  |                                |  |
|   |  |   |  |  |  |  |                                |  |
|   |  |   |  |  |  |  |                                |  |
| <b>2 Totals.</b> 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 <b>Box A</b> above is checked), line 2 (if <b>Box B</b> above is checked), or line 3 (if <b>Box C</b> above is checked) ► |  |   |  | 7,161.   | 6,762.   |  |                                | 399.   |

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

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

SWETHA VADUGAM

869-30-9863

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

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

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

|           |   |  |                  |                   |                          |
|-----------|---|--|------------------|-------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                  |                   |                          |
| <b>A</b>  | Allwyn colony,kukatpally HYDERABAD TELANGANA IN 500072            |  |                  |                   |                          |
| <b>B</b>  |   |  |                  |                   |                          |
| <b>C</b>  |   |  |                  |                   |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 3   |  | 365              | 0                 | <input type="checkbox"/> |
| <b>B</b>  |   |  |                  |                   | <input type="checkbox"/> |
| <b>C</b>  |   |  |                  |                   | <input type="checkbox"/> |

**Type of Property:**

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

| Income:                               | Properties: | A    | B | C |
|---------------------------------------|-------------|------|---|---|
| <b>3</b> Rents received . . . . .     | <b>3</b>    | 600. |   |   |
| <b>4</b> Royalties received . . . . . | <b>4</b>    |      |   |   |

**Expenses:**

|  |           |        |  |  |
|--|-----------|--------|--|--|
| <b>5</b> Advertising . . . . .                                     | <b>5</b>  |        |  |  |
| <b>6</b> Auto and travel (see instructions) . . . . .              | <b>6</b>  |        |  |  |
| <b>7</b> Cleaning and maintenance . . . . .                        | <b>7</b>  | 1,000. |  |  |
| <b>8</b> Commissions. . . . .                                      | <b>8</b>  |        |  |  |
| <b>9</b> Insurance . . . . .                                       | <b>9</b>  |        |  |  |
| <b>10</b> Legal and other professional fees . . . . .              | <b>10</b> |        |  |  |
| <b>11</b> Management fees . . . . .                                | <b>11</b> | 800.   |  |  |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions) | <b>12</b> |        |  |  |
| <b>13</b> Other interest. . . . .                                  | <b>13</b> |        |  |  |
| <b>14</b> Repairs. . . . .   | <b>14</b> | 2,400. |  |  |
| <b>15</b> Supplies . . . . .                                       | <b>15</b> | 2,000. |  |  |
| <b>16</b> Taxes . . . . .  | <b>16</b> |        |  |  |
| <b>17</b> Utilities. . . . .                                       | <b>17</b> | 2,800. |  |  |
| <b>18</b> Depreciation expense or depletion . . . . .              | <b>18</b> |        |  |  |
| <b>19</b> Other (list) ▶ . . . . .                                 | <b>19</b> |        |  |  |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .         | <b>20</b> | 9,000. |  |  |

**21** Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . **21** -8,400.

**22** Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . **22** ( 8,400. ) ( ) ( )

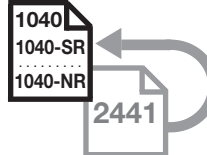
|  |            |        |  |
|--|------------|--------|--|
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . . | <b>23a</b> | 600.   |  |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b> |        |  |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .         | <b>23c</b> |        |  |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .         | <b>23d</b> |        |  |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .         | <b>23e</b> | 9,000. |  |

**24** **Income.** Add positive amounts shown on line 21. Do not include any losses . . . . . **24**

**25** **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . . **25** ( 8,400. )

**26** **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . **26** -8,400.

# Child and Dependent Care Expenses



Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.

Name(s) shown on return

SWETHA VADUGAM

Your social security number

869-30-9863

**A** You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box

**B** For 2021, your credit for child and dependent care expenses is refundable if you, or your spouse if married filing jointly, had a principal place of abode in the United States for more than half of 2021. If you meet these requirements, check this box

**Part I Persons or Organizations Who Provided the Care—You must complete this part.**

If you have more than three care providers, see the instructions and check this box

| 1 | (a) Care provider's name      | (b) Address<br>(number, street, apt. no., city, state, and ZIP code) | (c) Identifying number<br>(SSN or EIN) | (d) Check here if the care provider is your household employee.<br>(see instructions) | (e) Amount paid<br>(see instructions) |
|---|-------------------------------|--|--|---|---------------------------------------|
|   | Parker Early Learning Academy | 10650 Parkglenn Way<br>PARKER CO 80138                               | 83-0985526                             | <input type="checkbox"/>  | 6,398.                                |
|   |                               |  |  | <input type="checkbox"/>  |                                       |
|   |                               |  |  | <input type="checkbox"/>  |                                       |

Did you receive dependent care benefits?  **No** → Complete only Part II below.  
 **Yes** → Complete Part III on page 2 next.

**Caution:** If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2021 but didn't pay them until 2022, or if you prepaid in 2021 for care to be provided in 2022, don't include these expenses in column (c) of line 2 for 2021. See the instructions.

**Part II Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

| (a) Qualifying person's name |         | (b) Qualifying person's social security number | (c) Qualified expenses you incurred and paid in 2021 for the person listed in column (a) |
|------------------------------|---------|--|--|
| First                        | Last    |  |  |
| VIHAAN                       | CHILUKA | 891-88-7511                                    | 6,398.   |
|                              |         |  |  |

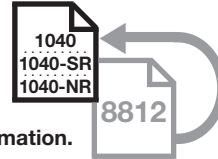
|           |  |           |         |
|-----------|--|-----------|---------|
| <b>3</b>  | Add the amounts in column (c) of line 2. <b>Don't</b> enter more than \$8,000 if you had one qualifying person or \$16,000 if you had two or more persons. If you completed Part III, enter the amount from line 31  | <b>3</b>  | 6,398.  |
| <b>4</b>  | Enter your <b>earned income</b> . See instructions   | <b>4</b>  | 88,915. |
| <b>5</b>  | If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4   | <b>5</b>  | 88,915. |
| <b>6</b>  | Enter the <b>smallest</b> of line 3, 4, or 5   | <b>6</b>  | 6,398.  |
| <b>7</b>  | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 <b>7</b> 80,923.   |           |         |
| <b>8</b>  | Enter on line 8 the decimal amount shown below that applies to the amount on line 7.<br>• If line 7 is \$125,000 or less, enter .50 on line 8.<br>• If line 7 is over \$125,000 and no more than \$438,000, see the instructions for line 8 for the amount to enter.<br>• If line 7 is over \$438,000, don't complete line 8. Enter zero on line 9a. You may be able to claim a credit on line 9b. | <b>8</b>  | X .50   |
| <b>9a</b> | Multiply line 6 by the decimal amount on line 8  | <b>9a</b> | 3,199.  |
| <b>9b</b> | If you paid 2020 expenses in 2021, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, go to line 10   | <b>9b</b> |         |
| <b>10</b> | Add lines 9a and 9b and enter the result. If you checked the box on line B above, this is your <b>refundable credit for child and dependent care expenses</b> ; enter the amount from this line on Schedule 3 (Form 1040), line 13g, and don't complete line 11. If you didn't check the box on line B above, go to line 11  | <b>10</b> | 3,199.  |
| <b>11</b> | <b>Nonrefundable credit for child and dependent care expenses.</b> If you didn't check the box on line B above, your credit is nonrefundable and limited by the amount of your tax; see the instructions to figure the portion of line 10 that you can claim and enter that amount here and on Schedule 3 (Form 1040), line 2  | <b>11</b> | 3,199.  |

**SCHEDULE 8812**  
**(Form 1040)**

**Credits for Qualifying Children and Other Dependents**

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

▶ Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.



OMB No. 1545-0074

**2021**

Attachment Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return  
SWETHA VADUGAM

Your social security number  
869-30-9863

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

|  |   |           |          |         |
|--|---|-----------|----------|---------|
| <b>1</b>   | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .  |           | <b>1</b> | 80,923. |
| <b>2a</b>  | Enter income from Puerto Rico that you excluded . . . . .   | <b>2a</b> |          |         |
| <b>b</b>   | Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .  | <b>2b</b> | 0.       |         |
| <b>c</b>   | Enter the amount from line 15 of your Form 4563 . . . . .   | <b>2c</b> |          |         |
| <b>d</b>   | Add lines 2a through 2c . . . . .   | <b>2d</b> | 0.       |         |
| <b>3</b>   | Add lines 1 and 2d . . . . .  | <b>3</b>  | 80,923.  |         |
| <b>4a</b>  | Number of qualifying children under age 18 with the required social security number . . . . .   | <b>4a</b> | 1.       |         |
| <b>b</b>   | Number of children included on line 4a who were under age 6 at the end of 2021 . . . . .  | <b>4b</b> | 1.       |         |
| <b>c</b>   | Subtract line 4b from line 4a . . . . .   | <b>4c</b> | 0.       |         |
| <b>5</b>   | If line 4a is more than zero, enter the amount from the <b>Line 5 Worksheet</b> ; otherwise, enter -0- . . . . .  | <b>5</b>  | 3,600.   |         |
| <b>6</b>   | Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number . . . . .   | <b>6</b>  | 0.       |         |
| <b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a. |   |           |          |         |
| <b>7</b>   | Multiply line 6 by \$500 . . . . .  | <b>7</b>  |          |         |
| <b>8</b>   | Add lines 5 and 7 . . . . .   | <b>8</b>  | 3,600.   |         |
| <b>9</b>   | Enter the amount shown below for your filing status.<br>• Married filing jointly—\$400,000 }<br>• All other filing statuses—\$200,000 }   | <b>9</b>  | 200,000. |         |
| <b>10</b>  | Subtract line 9 from line 3.<br>• If zero or less, enter -0-.<br>• 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. }   | <b>10</b> | 0.       |         |
| <b>11</b>  | Multiply line 10 by 5% (0.05) . . . . .   | <b>11</b> | 0.       |         |
| <b>12</b>  | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .  | <b>12</b> | 3,600.   |         |
| <b>13</b>  | Check all the boxes that apply to you (or your spouse if married filing jointly).<br><b>A</b> Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 . . . . . <input checked="" type="checkbox"/><br><b>B</b> Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/> |           |          |         |

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

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

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

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

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

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

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

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

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

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>21</b> | 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 . . . . . | <b>21</b> |  |
| <b>22</b> | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .   | <b>22</b> |  |
| <b>23</b> | Add lines 21 and 22 . . . . .  | <b>23</b> |  |
| <b>24</b> | <b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. }<br><b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }  | <b>24</b> |  |
| <b>25</b> | Subtract line 24 from line 23. If zero or less, enter -0- . . . . .  | <b>25</b> |  |
| <b>26</b> | Enter the <b>larger</b> of line 20 or line 25 . . . . .  | <b>26</b> |  |
|           | <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.  |           |  |

**Part II-C Additional Child Tax Credit**

|           |   |           |  |
|-----------|---|-----------|--|
| <b>27</b> | Enter this amount on line 15c . . . . . | <b>27</b> |  |
|-----------|---|-----------|--|

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

|            |   |            |  |
|------------|---|------------|--|
| <b>28a</b> | Enter the amount from line 14f or line 15e, whichever applies . . . . .   | <b>28a</b> |  |
| <b>b</b>   | Enter the amount from line 14e or line 15d, whichever applies . . . . .   | <b>28b</b> |  |
| <b>29</b>  | Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax . . . . .   | <b>29</b>  |  |
| <b>30</b>  | 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 . . . . .<br><b>Caution:</b> 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. | <b>30</b>  |  |
| <b>31</b>  | Enter the smaller of line 4a or line 30 . . . . .   | <b>31</b>  |  |
| <b>32</b>  | Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33 . . . . .   | <b>32</b>  |  |
| <b>33</b>  | Enter the amount shown below for your filing status.<br><ul style="list-style-type: none"> <li>• Married filing jointly or Qualifying widow(er)—\$60,000</li> <li>• Head of household—\$50,000</li> <li>• All other filing statuses—\$40,000</li> </ul>   | <b>33</b>  |  |
| <b>34</b>  | Subtract line 33 from line 3. If zero or less, enter -0- . . . . .  | <b>34</b>  |  |
| <b>35</b>  | Enter the amount from line 33 . . . . .   | <b>35</b>  |  |
| <b>36</b>  | 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 . . . . .  | <b>36</b>  |  |
| <b>37</b>  | Multiply line 32 by \$2,000 . . . . .   | <b>37</b>  |  |
| <b>38</b>  | Multiply line 37 by line 36 . . . . .   | <b>38</b>  |  |
| <b>39</b>  | Subtract line 38 from line 37 . . . . .   | <b>39</b>  |  |
| <b>40</b>  | Subtract line 39 from line 29. If zero or less, enter -0-. <b>This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19</b> . . . . .  | <b>40</b>  |  |

### Paid Preparer's Due Diligence Checklist

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

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

OMB No. 1545-0074

Attachment  
Sequence No. **70**

|   |  |
|---|--|
| Taxpayer name(s) shown on return<br><b>SWETHA VADUGAM</b>   | Taxpayer identification number<br><b>869-30-9863</b> |
| Enter preparer's name and PTIN<br><b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b> <span style="float:right;"><b>P02082703</b></span> |  |

#### Part I Due Diligence Requirements

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

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



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

|   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| <b>9a</b> 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? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

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

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

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

**Part VI Eligibility Certification**

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

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

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



218453 11555

State of Colorado Individual Income Tax Declaration for Electronic Filing
Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

Form with fields for Taxpayer SSN or ITIN, Spouse SSN or ITIN, Submission ID, Taxpayer Last Name, Taxpayer First Name, Middle Initial, Spouse Last Name, Spouse First Name, Street Address, Phone Number, City, State, ZIP.

Part I — Tax Return Information

Table with 6 rows showing tax return information: Total Income, Taxable Income, Colorado Tax, Colorado Tax Withheld, Refund, Amount You Owe.

Part II — Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2021 Federal/Colorado income tax returns...

Signature fields for Taxpayer and Spouse's Signature (If Joint Return, Both Must Sign).

Part III — Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here [ ]

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2021 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2021 Federal/Colorado income tax returns...

ERO's Signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM; Preparer Identification Number or Your SSN: P02082703

Check if also Preparer [X]

Date (MM/DD/YY): 02/27/22



210104 11555



DR 0104 (12/07/21)  
COLORADO DEPARTMENT OF REVENUE  
Tax.Colorado.gov  
Page 1 of 4  
(0013)

## 2021 Colorado Individual Income Tax Return

Full-Year     Part-Year or Nonresident (or resident, part-year, non-resident combination) \*Must include DR 0104PN     Mark if Abroad on due date – see instructions

|  |   |   |                                 |                  |
|--|---|---|---------------------------------|------------------|
| Your Last Name   |   | Your First Name   |                                 | Middle Initial   |
| VADUGAM  |   | SWETHA  |                                 |                  |
| Date of Birth (MM/DD/YYYY)   | SSN or ITIN   | Deceased <input type="checkbox"/>   |                                 |                  |
| 12/08/1991   | 869-30-9863   | <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return. |                                 |                  |
| Enter the following information from your current driver license or state identification card.   |   | State of Issue  | Last 4 characters of ID number  | Date of Issuance |
|  |   | CO  | 5047                            | 11/25/19         |
| If Joint, Spouse's Last Name   |   | Spouse's First Name   |                                 | Middle Initial   |
|  |   |   |                                 |                  |
| Spouse's Date of Birth (MM/DD/YYYY)  | Spouse's SSN or ITIN  | Deceased <input type="checkbox"/>   |                                 |                  |
|  |   | <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return. |                                 |                  |
| Enter the following information from your spouse's current driver license or state identification card.  |   | State of Issue  | Last 4 characters of ID number  | Date of Issuance |
|  |   |   |                                 |                  |
| Mailing Address  |   |   | Phone Number                    |                  |
| 17080 CARLSON DR APT 1111  |   |   | (313)818-9179                   |                  |
| City   | State   | ZIP Code  | Foreign Country (if applicable) |                  |
| PARKER   | CO  | 80134   |                                 |                  |
| <input type="checkbox"/>   | To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if: <ul style="list-style-type: none"> <li>You are a Colorado resident and at least one person in your household does not have health coverage <b>AND</b></li> <li>You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy &amp; Financing.</li> </ul> |   |                                 |                  |
| <b>Round To The Nearest Dollar</b>   |   |   |                                 |                  |
| 1. Enter Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 15.  |   |   | • 1                             | 61823 00         |
| Include W-2s and 1099s with CO withholding.  |   |   |                                 |                  |
| <b>Additions to Federal Taxable Income</b>   |   |   |                                 |                  |
| 2. State Addback, enter the state income tax deduction from your federal form 1040, 1040 SR, or 1040 SP schedule A, line 5a (see instructions) |   |   | • 2                             | 00               |
| 3. Qualified Business Income Deduction Addback (see instructions)  |   |   | • 3                             | 00               |



210104 21555

| Name   | SSN or ITIN      |
|--|------------------|
| SWETHA VADUGAM   | 869-30-9863      |
| <b>4. Other Additions, explain (see instructions)</b>  | <b>• 4</b>       |
| Explain:   |                  |
| <b>5. Subtotal, sum of lines 1 through 4</b>   | <b>5</b> 61823   |
| <b>Colorado Subtractions</b>   |                  |
| <b>6. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return.</b>  | <b>• 6</b>       |
| <b>7. Colorado Taxable Income, subtract line 6 from line 5</b>   | <b>• 7</b> 61823 |
| <b>Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule</b>   |                  |
| <b>8. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.</b>  | <b>• 8</b> 2782  |
| <b>9. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.</b>   | <b>• 9</b>       |
| <b>10. Recapture of prior year credits</b>   | <b>• 10</b>      |
| <b>11. Subtotal, sum of lines 8 through 10</b>   | <b>11</b> 2782   |
| <b>12. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 0104CR with your return.</b>  | <b>• 12</b>      |
| <b>13. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 84, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 1366 with your return.</b> | <b>• 13</b>      |
| <b>14. Strategic Capital Tax Credit from DR 1330, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 1330 with your return.</b>   | <b>• 14</b>      |
| <b>15. Net Income Tax, sum of lines 12, 13, and 14. Subtract that sum from line 11.</b>  | <b>15</b> 2782   |
| <b>16. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.</b>  | <b>• 16</b>      |
| <b>17. Net Colorado Tax, sum of lines 15 and 16</b>  | <b>17</b> 2782   |
| <b>18. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.</b>   | <b>• 18</b> 3687 |
| <b>19. Prior-year Estimated Tax Carryforward</b>   | <b>• 19</b>      |
| <b>20. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year</b>  | <b>• 20</b>      |
| <b>21. Extension Payment remitted with the DR 0158-I</b>   | <b>• 21</b>      |
| <b>22. Other Prepayments:</b> <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 <b>• 22</b>  |                  |
| <b>23. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.</b>  | <b>• 23</b>      |
| <b>24. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.</b>  | <b>• 24</b> 0    |



210104 31555

Table with 2 columns: Name (SWETHA VADUGAM) and SSN or ITIN (869-30-9863)

Table with 3 columns: Description (25. Refundable Credits from the DR 0104CR line 9...), Amount (25), and Total (00)

Modified AGI for TABOR
Lines 28 through 30 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.

Table with 3 columns: Description (27. Federal Adjusted Gross Income from your federal income tax form...), Amount (27), and Total (00)

Table with 7 columns: Modified AGI Tiers for State Sales Tax Refund. Rows include Single Filers Enter and Joint Filers Enter with various income brackets.

Table with 3 columns: Description (32. State Sales Tax Refund: For full-year Colorado residents...), Amount (32), and Total (00)

If you have an overpayment on line 36 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

Table with 3 columns: Description (36. Refund, subtract line 35 from line 34 (see instructions)), Amount (36), and Total (00)

Direct Deposit form with fields for Routing Number (081904808), Account Number (002914023430), and Type (X Checking, Savings, CollegenInvest 529)

For questions regarding CollegenInvest direct deposit or to open an account, visit CollegenInvest.org or call 800-448-2424.



210104 41555

Table with 2 columns: Name (SWETHA VADUGAM) and SSN or ITIN (869-30-9863)

Table with 3 columns: Description, Amount, and Balance. Rows include Net Tax Due, Delinquent Payment Penalty, Delinquent Payment Interest, Estimated Tax Penalty, and Amount You Owe.

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned.

Third Party Designee

Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.

Table for Third Party Designee with columns: Designee's Name and Phone Number.

Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.

Table for Signatures with columns: Your Signature, Spouse's Signature, and Date (MM/DD/YY).

Table for Paid Preparer with columns: Paid Preparer's Name, Address, City, State, ZIP Code, and Paid Preparer's Phone.

File and pay at: Colorado.gov/RevenueOnline

Instructions for filing and payment: If you are filing this return with a check or payment, please mail the return to: COLORADO DEPARTMENT OF REVENUE, Denver, CO 80261-0006. If you are filing this return without a check or payment, please mail the return to: COLORADO DEPARTMENT OF REVENUE, Denver, CO 80261-0005. These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.