

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name ARSHAD ALI MOHAMMAD	Social security number 746-73-2827
Spouse's name NIVEDITHA SIVADANAM	Spouse's social security number 156-12-1232

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	119,559.
2 Total tax	2	12,150.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	19,548.
4 Amount you want refunded to you	4	10,198.
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

3	2	8	2	7
---	---	---	---	---

 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 GLOBAL TAXES LLC to enter or generate my PIN

2	1	2	3	2
---	---	---	---	---

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

Form fields for personal information: Your first name and middle initial (ARSHAD ALI), Last name (MOHAMMAD), Your social security number (746-73-2827), Spouse's social security number (156-12-1232), Home address (2570 N MURRAY AVE), City (MILWAUKEE), State (WI), ZIP code (53211).

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

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

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for (with bullet points for filing status), and Taxable income calculation.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	12,150.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	12,150.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	12,150.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	12,150.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	19,268.
b	Form(s) 1099	25b	280.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	19,548.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	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	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	2,800.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	2,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	22,348.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	10,198.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	10,198.
Direct deposit? See instructions.	b Routing number 075000019 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 796011267		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation STUDENT	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (903) 336-8499 Email address ARSHAD6786@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/09/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 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 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
ARSHAD ALI MOHAMMAD & NIVEDITHA SIVADANAM

Your social security number
746-73-2827

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-8,550.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABL account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
	Other Income from box 3 of 1099-Misc 2,000.		2,000.
9	Total other income. Add lines 8a through 8z	9	2,000.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-6,550.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

ARSHAD ALI MOHAMMAD & NIVEDITHA SIVADANAM

746-73-2827

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

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

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

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		750.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,500.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		800.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		2,000.		
15	Supplies	15		1,500.		
16	Taxes	16				
17	Utilities.	17		3,500.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		9,300.		
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		-8,550.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(	8,550.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		750.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		9,300.		
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	(	8,550.)		
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		-8,550.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, 1040-SR, or 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

ARSHAD ALI MOHAMMAD & NIVEDITHA SIVADANAM

Identifying number

746-73-2827

Part I 2021 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	0 .		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(8,550 .)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d			-8,550 .

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a			
b Activities with net loss (enter the amount from Part V, column (b))	2b	()		
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()		
d Combine lines 2a, 2b, and 2c	2d			

3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3			-8,550 .
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- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	8,550 .
5 Enter \$150,000. If married filing separately, see instructions	5	150,000 .
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	128,109 .
7 Subtract line 6 from line 5	7	21,891 .
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	10,946 .
9 Enter the smaller of line 4 or line 8	9	8,550 .

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	0 .
11 Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	8,550 .

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
KUKATPALLY	0 .	8,550 .			8,550 .
Total. Enter on Part I, lines 1a, 1b, and 1c ▶	0 .	8,550 .			

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c ▶					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
KUKATPALLY	E Ln 22	8,550.	1.00000000	8,550.	0.
Total ▶		8,550.	1.00	8,550.	0.

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶			1.00	

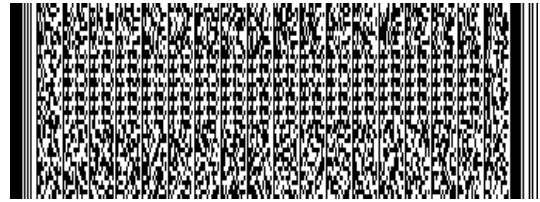
Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ▶				



21100115550101

Your social security number		Spouse's social security number	
746-73-2827		156-12-1232	
Your first name	MI	Last name	Suffix
ARSHAD ALI		MOHAMMAD	
Spouse's name	MI	Last name	Suffix
NIVEDITHA		SIVADANAM	
Address			
2570 N MURRAY AVE			
City, town or post office		State	ZIP code
MILWAUKEE		WI	53211
City or town of legal residence		Check each box that applies. Otherwise, leave blank.	Primary deceased? <input type="checkbox"/>
OUT OF STATE			Spouse deceased? <input type="checkbox"/>
			New address? <input type="checkbox"/>
			Amended Return? * <input type="checkbox"/>
ELECTORAL CONTRIBUTION	If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.)		Yes <input type="checkbox"/>
	If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.		<input type="checkbox"/>



FILING STATUS Check one

Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

INCOME, TAX AND CREDITS					
1	Federal AGI from Federal Form 1040 or 1040-SR, line 11	1	119559	00	
2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line.	2	0	00	
3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases).....	3	119559	00	
4	RI Standard Deduction from left. If line 3 is over \$ 210,750, see Standard Deduction Worksheet	4	18100	00	
5	Subtract line 4 from line 3. If zero or less, enter 0.....	5	101459	00	
6	Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,250 and enter result on line 6. If line 3 is over \$210,750, see Exemption Worksheet	6	8500	00	
			2	X \$4,250 =	
7	RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0.....	7	92959	00	
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet.....	8	3754	00	
9a	RI percentage of allowable Federal credit from page 3, RI Sch I, line 22.....	9a		00	
b	RI Credit for income taxes paid to other states from page 3, RI Sch II, line 29.....	9b	309	00	<input type="checkbox"/> Check <input checked="" type="checkbox"/> to certify use tax amount on line 12a is accurate.
c	Other Rhode Island Credits from RI Schedule CR, line 8.....	9c		00	
d	Total RI credits. Add lines 9a, 9b and 9c.....	9d	309	00	
10a	Rhode Island income tax after credits. Subtract line 9d from line 8 (not less than zero).....	10a	3445	00	
b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 11.....	10b		00	
11	RI checkoff contributions from page 3, RI Checkoff Schedule, line 37. Contributions reduce your refund or increase your balance due	11	0	00	
12a	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies	12a		00	
b	Individual Mandate Penalty (see instructions). Check <input checked="" type="checkbox"/> to certify full year coverage.	12b		00	
13a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11, 12a and 12b.....	13a	3445	00	

Rhode Island Standard Deduction Single **\$9,050** Married filing jointly or Qualifying widow(er) **\$18,100** Married filing separately **\$9,050** Head of household **\$13,550**

Using a paper clip, please attach Forms W-2 and 1099 here.

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

State of Rhode Island Division of Taxation
2021 Form RI-1040
 Resident Individual Income Tax Return - page 2



21100115550102

Name(s) shown on Form RI-1040 or RI-1040NR ARSHAD ALI MOHAMMAD & NIVEDITHA SIVADANAM	Your social security number 746-73-2827
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PAYMENTS AND PROPERTY TAX RELIEF CREDIT

13b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 13a.....	13b	3445	00
14a RI 2021 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding.	14a	4878	00
b 2021 estimated tax payments and amount applied from 2020 return....	14b		00
c Property tax relief credit from RI-1040H, line 13. Attach RI-1040H.....	14c		00
d RI earned income credit from page 3, RI Schedule EIC, line 40.....	14d		00
e RI Residential Lead Paint Credit from RI-6238, line 7. Attach RI-6238..	14e		00
f Other payments.....	14f		00
g TOTAL PAYMENTS AND CREDITS. Add lines 14a, 14b, 14c, 14d, 14e and 14f.....	14g	4878	00
h Previously issued overpayments (if filing an amended return).....	14h		00
i NET PAYMENTS. Subtract line 14h from line 14g.....	14i	4878	00
15a AMOUNT DUE. If line 13b is LARGER than line 14i, subtract line 14i from line 13b.....	15a		00
b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 15a or subtracted from line 16, whichever applies.....	15b	0	00
c TOTAL AMOUNT DUE. Add lines 15a and 15b. Complete RI-1040V and send in with your payment ☹️	15c		00
16 AMOUNT OVERPAID. If line 14i is LARGER than line 13b, subtract line 13b from line 14i. If there is an amount due for underestimating interest on line 15b, subtract line 15b from line 16..... 😊	16	1433	00
17 Amount of overpayment to be refunded.....	17	1433	00
18 Amount of overpayment to be applied to 2022 estimated tax.....	18	0	00

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, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Your driver's license number and state	Date	Telephone number
	M530-0009-0205-05 WI		903-336-8499
Spouse's signature	Spouse's driver's license number and state	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
SYAM PRIYA RAM SAGAR GUPTA TALLAM	GLOBAL TAXES LLC	03/09/2022	678-965-9522
Paid preparer address	City, town or post office	State	ZIP code PTIN
2530 PEBBLE CREEK LN	CUMMING	GA	30041 P02082703



21100115550103

Name(s) shown on Form RI-1040 or RI-1040NR ARSHAD ALI MOHAMMAD & NIVEDITHA SIVADANAM	Your social security number 746-73-2827
---	--

RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

19 RI income tax from page 1, line 8	19		00
20 Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2 or 13g	20		00
21 Tentative allowable federal credit. Multiply line 20 by 25% (0.2500).....	21		00
22 MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a.....	22		00

RI SCHEDULE II - CREDIT FOR INCOME TAX PAID TO ANOTHER STATE
 (ATTACH COPY OF OTHER STATE(S) RETURN)

23 RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22	23	3754	00
24 Income derived from other state. If more than one state, see instructions.....	24	9855	00
25 Modified federal AGI from page 1, line 3.....	25	119559	00
26 Divide line 24 by line 25	26	0.0824	
27 Tentative credit. Multiply line 23 by line 26.....	27	309	00
28 Tax due and paid to other state (see specific instructions). Insert abbreviation for state paid <u>WI</u>	28	477	00
29 MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on pg 1, line 9b	29	309	00

RI CHECKOFF CONTRIBUTIONS SCHEDULE

		\$1.00	\$5.00	\$10.00	Other			
30	Drug program account RIGL §44-30-2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30		00
31	Olympic Contribution RIGL §44-30-2.1 Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if a joint return)					31		00
32	RI Organ Transplant Fund RIGL §44-30-2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32		00
33	RI Council on the Arts RIGL §42-75.1-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33		00
34	Nongame Wildlife Fund RIGL §44-30-2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34		00
35	Childhood Disease Victim's Fund RIGL §44-30-2.3 and Substance Use and Mental Health Leadership Council of RI RIGL §44-30-2.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35		00
36	RI Military Family Relief Fund RIGL §44-30-2.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36		00
37	TOTAL CONTRIBUTIONS. Add lines 30 through 36. Enter here and on RI-1040, page 1, line 11					37		00

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

38 Federal earned income credit from Federal Form 1040 or 1040-SR, line 27a.....	38		00
39 Rhode Island percentage	39	15%	
40 RI EARNED INCOME CREDIT. Multiply line 38 by line 39. Enter here and on RI-1040, page 2, line 14d	40		00



21101015550101

Name(s) shown on Form RI-1040 or RI-1040NR ARSHAD ALI MOHAMMAD & NIVEDITHA SIVADANAM	Your social security number 746-73-2827
---	--

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. ***W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.***

Failure to do so may delay the processing of your return. **ATTACH THIS SCHEDULE W TO YOUR RETURN**

Column A	Column B	Column C	Column D	Column E
Enter "S" if Spouse's W-2 or 1099	Enter 1099 letter code from chart	Employer's Name from Box C of your W-2 or Payer's Name from your Form 1099	Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099	Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)
1		SWANKTEK INC	205101999	4878 00
2				00
3				00
4				00
5				00
6				00
7				00
8				00
9				00
10				00
11				00
12				00
13				00
14				00
15				00
16	Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a.....			4878 00
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld			1

Schedule W Reference Chart								
Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box
W-2		17	1099-G	G	11	1099-OID	O	14
W-2G	W	15	1099-INT	I	17	1099-R	R	14
1042-S	S	17a	1099-K	K	8	RI-1099E	E	11
1099-B	B	16	1099-MISC	M	15	RI-1099PT	P	9
1099-DIV	D	15	1099-NEC	N	5			

State of Rhode Island Division of Taxation
2021 RI Schedule E
 Exemption Schedule for RI-1040 and RI-1040NR



21105915550101

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
ARSHAD ALI MOHAMMAD & NIVEDITHA SIVADANAM	746732827

EXEMPTIONS

Complete this Schedule listing all individuals you can claim as a dependent.

ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN

Failure to do so may delay the processing of your return.

1a	Yourself	<input checked="" type="checkbox"/>
b	Spouse	<input checked="" type="checkbox"/>

	(A) Name of Dependent	(B) Social Security Number	(C) Date of Birth	(D) Relationship
2a				
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				

Exemption Number Summary

3	Enter the number of boxes checked on lines 1a and 1b	3	2
4a	Enter the number of children from lines 2a through 2m who lived with you	4a	0
b	Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation	4b	0
c	Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b.	4c	0
5	Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6.	5	2

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2021, or other tax year beginning _____, 2021 ending _____, 20__.

Check here if this is an amended return

Complete form using BLACK INK

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

Personal information section including name (MOHAMMAD ARSHAD ALI), address (2570 N MURRAY AVE, MILWAUKEE, WI 53211), social security numbers, and filing status (Married filing joint return).

Resident status section with checkboxes for Full-year resident, Nonresident of Wisconsin (state RI), and Part-year resident.



Note: Complete residence questionnaire, page 61.

PAPER CLIP check or money order here

Income tax table with 16 rows. Columns include Income description, Federal column (A), and Wisconsin column (B). Total income is 119,559.00.

I-0501

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 26) . . . . .	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 26) . . . . .	.00	.00
19	Health savings account deduction (see page 26) . . . . .	.00	.00
20	Moving expenses for members of the Armed Forces (see page 26) . . . . .	.00	.00
21	Deductible part of self-employment tax (see page 27) . . . . .	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 27) . . . . .	.00	.00
23	Self-employed health insurance deduction (see page 28) . . . . .	.00	.00
24	Penalty on early withdrawal of savings (see page 29) . . . . .	.00	0.00
25	Alimony paid (see page 29) . . . . .	.00	.00
26	IRA deduction (see page 29) . . . . .	.00	.00
27	Student loan interest deduction (see page 30) . . . . .	.00	.00
28	Other adjustments (see page 30). Enclose Schedule M if line 28b has an amount . . . . .	.00	.00
29	Total adjustments to income. Add lines 17 through 28 . . . . .	.00	0.00
Adjusted Gross Income			
30	Wisconsin income. Subtract line 29, column B from line 16, column B		9855.00
31	Federal income. Subtract line 29, column A from line 16, column A	119559.00	
32	Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 31) . . . . .		.0824

Tax Computation			
33	Fill in the larger of Wisconsin income from line 30, column B or federal income from line 31, column A. But , if Wisconsin income from line 30 is zero or less, fill in 0 (zero)	33	119559.00
34a	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 34c on page 31	34a	<input type="checkbox"/>
34b	Aliens (see page 31 to determine if you must check line 34b)	34b	<input type="checkbox"/>
34c	Find the standard deduction for amount on line 31 using table on page 50	34c	1654.00
35	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)	35	117905.00
36	Exemptions (Caution: see page 32)		
a	Fill in exemptions allowed 2 x \$700	36a	1400.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	36b	.00
c	Add lines 36a and 36b	36c	1400.00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	116505.00
38	Tax (see table on page 52)	38	5785.00
39	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	39	0.00
40	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2021—heat included .00 } Find credit from table page 35	40a	.00
	Rent paid in 2021—heat not included .00 }		
b	Property taxes paid on home in 2021 .00 } Find credit from table page 36	40b	.00
41	Add credits on lines 39, 40a, and 40b	41	0.00
42	Subtract line 41 from line 38. If line 41 is more than line 38, fill in 0 (zero)	42	5785.00
43	Fill in ratio from line 32	43	.0824
44	Multiply line 42 by ratio on line 43	44	477.00



Name(s) shown on Form 1NPR ARSHAD ALI MOHAMMAD & NIVEDITHA SIVADANAM		Your social security number 746732827
45	Fill in amount from line 44	45 <u>477.00</u>
46	Working families tax credit. (Full-year Wisconsin residents only)	46 <u>.00</u>
47	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	47 <u>0.00</u>
48	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	48 <u>.00</u>
49	Net income tax paid to another state. Enclose Schedule OS ...	49 <u>.00</u>
50	Add lines 46 through 49	50 <u>0.00</u>
51	Subtract line 50 from line 45. If line 50 is more than line 45, fill in 0 (zero). This is your net tax .	51 <u>477.00</u>
52	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) ..	52 <u>.00</u>
	If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/> x	
53	Donations (decreases refund or increases amount owed)	
a	Endangered resources <u>.00</u>	e Military family relief <u>.00</u>
b	Cancer research <u>.00</u>	f Second Harvest/Feeding Amer. <u>.00</u>
c	Veterans trust fund <u>.00</u>	g Red Cross WI Disaster Relief <u>.00</u>
d	Multiple sclerosis <u>.00</u>	h Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) .. →	53i <u>.00</u>
54	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 40) ▶ <u>.00</u> x .33 =	54 <u>.00</u>
55	Other penalties (see page 41)	55 <u>.00</u>
56	Add lines 51 through 55	56 <u>477.00</u>

Payments and Credits

57	Wisconsin income tax withheld. Enclose readable withholding statements .	57 <u>287.00</u>
58	2021 Wisconsin estimated tax paid and amount applied from 2020 return .	58 <u>.00</u>
59	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children ▶ _____ Federal credit ▶ _____ .00 x _____ % =	59 <u>.00</u>
60	Farmland preservation credit. a. Schedule FC, line 17	60a <u>.00</u>
	b. Schedule FC-A, line 13	60b <u>.00</u>
61	Repayment credit	61 <u>.00</u>
62	Homestead credit. (Full-year Wisconsin residents only)	62 <u>.00</u>
63	Eligible veterans and surviving spouses property tax credit	63 <u>.00</u>
64	Refundable credits from Schedule CR, line 40	64 <u>.00</u>
65	AMENDED RETURN ONLY – amount previously paid (see page 46)	65 <u>.00</u>
66	Add lines 57 through 65	66 <u>287.00</u>
67	AMENDED RETURN ONLY – amount previously refunded (see page 47) .	67 <u>.00</u>
68	Subtract line 67 from line 66	68 <u>287.00</u>

NOTE: You must use your 2021 earned income (see page 42).

Refund or Amount You Owe

69	If line 68 is more than line 56, subtract line 56 from line 68. This is the AMOUNT OVERPAID .	69 <u>0.00</u>
70	Amount of line 69 you want REFUNDED TO YOU	70 <u>0.00</u>
71	Amount of line 69 to be APPLIED TO YOUR 2022 ESTIMATED TAX ...	71 <u>0.00</u>



Additional information from your 2021 Wisconsin Tax Return

Form 1NPR

Explanation of Other Income, Line 15

Continuation Statement

Other Income Description	Federal Income	Wisconsin Income
OTHER INCOME FROM FEDERAL SCH 1	2000	0

Form EPV voucher at the bottom

2021 Form EPV

Use of the personalized Form EPV voucher below will ensure that your tax payment will be posted timely and to the correct account.

- Use Form EPV to pay the tax due from an electronically filed return. Use Form 1 - ES to pay estimated tax.
- Do not print a blank voucher to complete by hand. Enter your data on this voucher online. The numeric string of numbers will then change to reflect your personal information (identifying number and amount).
- Be sure to fill in your (and your spouse's, if applicable) social security number in the space provided. Do not use hyphens. Estates fill in the decedent's social security number. Trusts must fill in their 9-digit FEIN.
- Cut on the dotted line only. Do not cut off the string of numbers at the bottom of the voucher.
- Use the correct year voucher. This voucher is for 2021. Do not use this voucher for a different year by crossing out 2021 and writing in a different year. This will cause your payment to be credited to the wrong year.
- Send your payment to the address shown on the voucher. Do not attach any other forms or instruction sheets to the voucher.

MAIL TO:
 WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 3028
 MILWAUKEE, WI 53201-3028
File only if submitting payment.

▼ cut here ▼

2021
 Form **EPV**

Wisconsin Electronic Payment Voucher

REV 03/01/22 PRO

Make your check payable to Wisconsin Department of Revenue
 and mail your voucher to: PO Box 3028
 Milwaukee WI 53201-3028

Your legal last name MOHAMMAD	Your legal first name and initial ARSHAD ALI	Your social security number 746732827
Spouse's legal last name SIVADANAM	Spouse's legal first name and initial NIVEDITHA	Spouse's social security number 156121232
Legal name of trust	FEIN	
Home address (number and street or rural route) 2570 N MURRAY AVE		Telephone number (903) 3368499
City or post office MILWAUKEE	State WI	Zip code 53211

- Check the box below which applies to you.
- Individual
 - Individual - Amended
 - Trust
 - Trust -Amended
 - Estate (Enter decedent's social security number)
 - Estate - Amended

Amount of Payment
 \$ 190.00

Please do not staple your payment to this voucher

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2021, or other tax year beginning _____, 2021 ending _____, 20__.

Check here if this is an amended return

Complete form using BLACK INK

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

Personal information section including name (MOHAMMAD ARSHAD ALI), address (2570 N MURRAY AVE, MILWAUKEE, WI 53211), social security numbers, and filing status (Married filing joint return).

Resident status section with checkboxes for Full-year resident, Nonresident of Wisconsin (state of residence RI), and Part-year resident.



Note: Complete residence questionnaire, page 61.

PAPER CLIP check or money order here

Income tax table with 16 rows. Columns include Income description, Federal column (A), and Wisconsin column (B). Total income is 119,559.00.

I-0501

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 26) . . . . .	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 26) . . . . .	.00	.00
19	Health savings account deduction (see page 26) . . . . .	.00	.00
20	Moving expenses for members of the Armed Forces (see page 26) . . . . .	.00	.00
21	Deductible part of self-employment tax (see page 27) . . . . .	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 27) . . . . .	.00	.00
23	Self-employed health insurance deduction (see page 28) . . . . .	.00	.00
24	Penalty on early withdrawal of savings (see page 29) . . . . .	.00	0.00
25	Alimony paid (see page 29) . . . . .	.00	.00
26	IRA deduction (see page 29) . . . . .	.00	.00
27	Student loan interest deduction (see page 30) . . . . .	.00	.00
28	Other adjustments (see page 30). Enclose Schedule M if line 28b has an amount . . . . .	.00	.00
29	Total adjustments to income. Add lines 17 through 28 . . . . .	.00	0.00
Adjusted Gross Income			
30	Wisconsin income. Subtract line 29, column B from line 16, column B		9855.00
31	Federal income. Subtract line 29, column A from line 16, column A	119559.00	
32	Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 31) . . . . .		.0824

Tax Computation			
33	Fill in the larger of Wisconsin income from line 30, column B or federal income from line 31, column A. But , if Wisconsin income from line 30 is zero or less, fill in 0 (zero)	33	119559.00
34a	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 34c on page 31	34a	<input type="checkbox"/>
34b	Aliens (see page 31 to determine if you must check line 34b)	34b	<input type="checkbox"/>
34c	Find the standard deduction for amount on line 31 using table on page 50	34c	1654.00
35	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)	35	117905.00
36	Exemptions (Caution: see page 32)		
a	Fill in exemptions allowed 2 x \$700	36a	1400.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	36b	.00
c	Add lines 36a and 36b	36c	1400.00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	116505.00
38	Tax (see table on page 52)	38	5785.00
39	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	39	0.00
40	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2021—heat included .00 } Find credit from table page 35	40a	.00
	Rent paid in 2021—heat not included .00 }		
b	Property taxes paid on home in 2021 .00 } Find credit from table page 36	40b	.00
41	Add credits on lines 39, 40a, and 40b	41	0.00
42	Subtract line 41 from line 38. If line 41 is more than line 38, fill in 0 (zero)	42	5785.00
43	Fill in ratio from line 32	43	.0824
44	Multiply line 42 by ratio on line 43	44	477.00



Name(s) shown on Form 1NPR ARSHAD ALI MOHAMMAD & NIVEDITHA SIVADANAM		Your social security number 746732827
45	Fill in amount from line 44	45 <u>477.00</u>
46	Working families tax credit. (Full-year Wisconsin residents only)	46 <u>.00</u>
47	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	47 <u>0.00</u>
48	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	48 <u>.00</u>
49	Net income tax paid to another state. Enclose Schedule OS	49 <u>.00</u>
50	Add lines 46 through 49	50 <u>0.00</u>
51	Subtract line 50 from line 45. If line 50 is more than line 45, fill in 0 (zero). This is your net tax	51 <u>477.00</u>
52	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	52 <u>.00</u>
53	Donations (decreases refund or increases amount owed)	
a	Endangered resources <u>.00</u>	e Military family relief <u>.00</u>
b	Cancer research <u>.00</u>	f Second Harvest/Feeding Amer. <u>.00</u>
c	Veterans trust fund <u>.00</u>	g Red Cross WI Disaster Relief <u>.00</u>
d	Multiple sclerosis <u>.00</u>	h Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) →	53i <u>.00</u>
54	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 40) <u>.00</u> x .33 =	54 <u>.00</u>
55	Other penalties (see page 41)	55 <u>.00</u>
56	Add lines 51 through 55	56 <u>477.00</u>

Payments and Credits

57	Wisconsin income tax withheld. Enclose readable withholding statements	57 <u>287.00</u>
58	2021 Wisconsin estimated tax paid and amount applied from 2020 return	58 <u>.00</u>
59	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <u> </u> Federal credit <u>.00</u> x <u> </u> % =	59 <u>.00</u>
60	Farmland preservation credit. a. Schedule FC, line 17	60a <u>.00</u>
	b. Schedule FC-A, line 13	60b <u>.00</u>
61	Repayment credit	61 <u>.00</u>
62	Homestead credit. (Full-year Wisconsin residents only)	62 <u>.00</u>
63	Eligible veterans and surviving spouses property tax credit	63 <u>.00</u>
64	Refundable credits from Schedule CR, line 40	64 <u>.00</u>
65	AMENDED RETURN ONLY – amount previously paid (see page 46)	65 <u>.00</u>
66	Add lines 57 through 65	66 <u>287.00</u>
67	AMENDED RETURN ONLY – amount previously refunded (see page 47)	67 <u>.00</u>
68	Subtract line 67 from line 66	68 <u>287.00</u>

NOTE: You must use your 2021 earned income (see page 42).

Refund or Amount You Owe

69	If line 68 is more than line 56, subtract line 56 from line 68. This is the AMOUNT OVERPAID	69 <u>0.00</u>
70	Amount of line 69 you want REFUNDED TO YOU	70 <u>0.00</u>
71	Amount of line 69 to be APPLIED TO YOUR 2022 ESTIMATED TAX	71 <u>0.00</u>



72a If line 68 is less than line 56, subtract line 68 from line 56 This is the AMOUNT YOU OWE 72a	190.00
72b Interest (see page 47)	72b .00
73 Underpayment interest. Fill in exception code – see Sch. U → _____ 73	.00

Also include on line 72a (see page 48).

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 49)? **Yes** Complete the following. **No**

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

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here ▶ Your signature Date Wisconsin Identity Protection PIN (7 characters)

Sign here ▶ Spouse's signature (if filing jointly, BOTH must sign) Date Wisconsin Identity Protection PIN (7 characters)

Mail your return to: Wisconsin Department of Revenue

(if tax is due)	(if refund or no tax due)
PO Box 268	PO Box 59
Madison WI 53790-0001	Madison WI 53785-0001

Schedule 1 – Wisconsin Itemized Deduction Credit (see line 39 instructions)

1 Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions	1	.00
2 Interest paid from federal Schedule A (Form 1040). See instructions for exceptions	2	.00
3 Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	600.00
4 Casualty losses from federal Schedule A (Form 1040)	4	.00
5 Add lines 1 through 4	5	600.00
6 Wisconsin standard deduction from Form 1NPR, line 34c	6	1654.00
7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero)	7	0.00
8 Rate of credit is .05 (5%)	8	x .05
9 Multiply line 7 by line 8. Fill in here and on line 39 of Form 1NPR	9	0.00

Schedule 2 – Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

	(A) YOURSELF	(B) YOUR SPOUSE
1 Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2	1 0.00	9855.00
2 Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income included in column B on Form 1NPR	2 .00	.00
3 Combine lines 1 and 2. This is your total Wisconsin earned income	3 0.00	9855.00
4 Add amounts on Form 1NPR, lines 18, 22, 26, and 28, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income	4 0.00	.00
5 Subtract line 4 from line 3. This is your qualified earned income	5 0.00	9855.00
6 Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000	6 0.00	0.00
7 Rate of credit is .03 (3%)	7 x .03	
8 Multiply line 6 by line 7. Round the result and fill in here and on line 47 of Form 1NPR. Do not fill in more than \$480.	8	0.00

Additional information from your 2021 Wisconsin Tax Return

Form 1NPR

Explanation of Other Income, Line 15

Continuation Statement

Other Income Description	Federal Income	Wisconsin Income
OTHER INCOME FROM FEDERAL SCH 1	2000	0

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

Form fields for personal information: Your first name and middle initial (ARSHAD ALI), Last name (MOHAMMAD), Your social security number (746-73-2827), Spouse's social security number (156-12-1232), Home address (2570 N MURRAY AVE), City (MILWAUKEE), State (WI), ZIP code (53211).

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

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

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for (with bullet points for filing status), and Taxable income calculation.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	12,150.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	12,150.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	12,150.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	12,150.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	19,268.
b	Form(s) 1099	25b	280.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	19,548.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No 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"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	2,800.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	2,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	22,348.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	10,198.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	10,198.
Direct deposit? See instructions.	b Routing number 075000019 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 796011267		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation STUDENT	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (903) 336-8499	Email address ARSHAD6786@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/09/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 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 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
ARSHAD ALI MOHAMMAD & NIVEDITHA SIVADANAM

Your social security number
746-73-2827

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-8,550.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABL account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
	Other Income from box 3 of 1099-Misc 2,000.		2,000.
9	Total other income. Add lines 8a through 8z	9	2,000.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-6,550.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

ARSHAD ALI MOHAMMAD & NIVEDITHA SIVADANAM

746-73-2827

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

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

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

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		750.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,500.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		800.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		2,000.		
15	Supplies	15		1,500.		
16	Taxes	16				
17	Utilities.	17		3,500.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		9,300.		
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		-8,550.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(	8,550.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		750.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		9,300.		
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	(	8,550.)		
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		-8,550.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, 1040-SR, or 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

ARSHAD ALI MOHAMMAD & NIVEDITHA SIVADANAM

Identifying number

746-73-2827

Part I 2021 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	0 .		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(8,550 .)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d			-8,550 .

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a			
b Activities with net loss (enter the amount from Part V, column (b))	2b	()		
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()		
d Combine lines 2a, 2b, and 2c	2d			

3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3			-8,550 .
--	----------	--	--	----------

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	8,550 .
5 Enter \$150,000. If married filing separately, see instructions	5	150,000 .
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	128,109 .
7 Subtract line 6 from line 5	7	21,891 .
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	10,946 .
9 Enter the smaller of line 4 or line 8	9	8,550 .

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	0 .
11 Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	8,550 .

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
KUKATPALLY	0 .	8,550 .			8,550 .
Total. Enter on Part I, lines 1a, 1b, and 1c ▶	0 .	8,550 .			

For Paperwork Reduction Act Notice, see instructions.

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Form **8582** (2021)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c ▶					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
KUKATPALLY	E Ln 22	8,550.	1.00000000	8,550.	0.
Total ▶		8,550.	1.00	8,550.	0.

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶			1.00	

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ▶				