

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 SUDHA MALLAVARAPU | Social security number 711-38-1387 |
| 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 | 96,411. |
| 2 Total tax | 2 | 14,201. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 14,206. |
| 4 Amount you want refunded to you | 4 | 5. |
| 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

| | | | | |
|---|---|---|---|---|
| 8 | 1 | 3 | 8 | 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 ▶ *Sudha M* Date ▶ 03/31/22

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) 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 SUDHA | Last name MALLAVARAPU | Your social security number 711-38-1387 |
| 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. 2100 HYLAN DRIVE | | Apt. no. 34C | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. ROCHESTER | State NY | ZIP code 14623 | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

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

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

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

| Dependents (see instructions): | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): |
|--|----------------|-----------|----------------------------|-------------------------|--|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | | | | | Child tax credit |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

| | | | | | |
|--|------------|---|------------|----------------|----------------|
| | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 96,549. |
| Attach Sch. B if required. | 2a | Tax-exempt interest | 2a | 2b | |
| | 3a | Qualified dividends | 3a | 3b | |
| | 4a | IRA distributions | 4a | 4b | |
| | 5a | Pensions and annuities | 5a | 5b | |
| | 6a | Social security benefits | 6a | 6b | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | 7 | |
| | 8 | Other income from Schedule 1, line 10 | | 8 | 0. |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 96,549. |
| | 10 | Adjustments to income from Schedule 1, line 26 | | 10 | 138. |
| | 11 | Subtract line 10 from line 9. This is your adjusted gross income ▶ | | 11 | 96,411. |
| Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction , see instructions. | 12a | Standard deduction or itemized deductions (from Schedule A) | 12a | 12,550. | |
| | b | Charitable contributions if you take the standard deduction (see instructions) | 12b | | |
| | c | Add lines 12a and 12b | | 12c | 12,550. |
| | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | 13 | |
| | 14 | Add lines 12c and 13 | | 14 | 12,550. |
| | 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 | 83,861. |

| | | | | |
|--------------------------------------|--|-----|-----|---------|
| 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 | 14,201. |
| 17 | Amount from Schedule 2, line 3 | | 17 | |
| 18 | Add lines 16 and 17 | | 18 | 14,201. |
| 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 | 14,201. |
| 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 | 14,201. |
| 25 | Federal income tax withheld from: | | | |
| | a Form(s) W-2 | 25a | | 14,206. |
| | b Form(s) 1099 | 25b | | |
| | c Other forms (see instructions) | 25c | | |
| | d Add lines 25a through 25c | | 25d | 14,206. |
| 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 | | |
| 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 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | | 33 | 14,206. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | | 34 | 5. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | | 35a | 5. |
| Direct deposit? See instructions. | b Routing number 1 1 1 0 0 0 6 1 4 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | | |
| | d Account number 5 9 5 8 6 5 1 3 5 | | | |
| | 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 <i>Sudha M</i> | Date 03/31/22 | Your occupation SDET | 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 | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (682) 208-4199 | Email address MALLAVARAPU.SUDHA@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 03/26/2022 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | | | Phone no. (678) 965-9522 | |
| Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | | 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
SUDHA MALLAVARAPU

Your social security number
711-38-1387

Part I Additional Income

| | | | |
|-----------|---|-----------|-----|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | 0. |
| 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 | |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income: | | |
| a | Net operating loss | 8a | () |
| b | Gambling income | 8b | |
| c | Cancellation of debt | 8c | |
| d | Foreign earned income exclusion from Form 2555 | 8d | () |
| e | Taxable Health Savings Account distribution | 8e | |
| f | Alaska Permanent Fund dividends | 8f | |
| g | Jury duty pay | 8g | |
| h | Prizes and awards | 8h | |
| i | Activity not engaged in for profit income | 8i | |
| j | Stock options | 8j | |
| k | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8k | |
| l | Olympic and Paralympic medals and USOC prize money (see instructions) | 8l | |
| m | Section 951(a) inclusion (see instructions) | 8m | |
| n | Section 951A(a) inclusion (see instructions) | 8n | |
| o | Section 461(l) excess business loss adjustment | 8o | |
| p | Taxable distributions from an ABLE account (see instructions) | 8p | |
| z | Other income. List type and amount ▶ _____ | 8z | |
| 9 | Total other income. Add lines 8a through 8z | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10 | 0. |

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 | 138. |
| 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 | 138. |

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SUDHA MALLAVARAPU

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **711-38-1387**

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

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | |
|-----------|--|---|---------------------------------|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions ▶ | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family |
| 2 | HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | 138. |
| 3 | If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others , see the instructions for the amount to enter | 3 | 3,600. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 3,600. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter | 6 | 3,600. |
| 7 | If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions | 7 | 0. |
| 8 | Add lines 6 and 7 | 8 | 3,600. |
| 9 | Employer contributions made to your HSAs for 2021 | 9 | 750. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 750. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 2,850. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 | 138. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|------------|--|------------|------|
| 14a | Total distributions you received in 2021 from all HSAs (see instructions) | 14a | 200. |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b | |
| c | Subtract line 14b from line 14a | 14c | 200. |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | 200. |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e | 16 | 0. |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/> | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b | |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | | |
|-----------|---|-----------|--|
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 | |



New York State E-File Signature Authorization for Tax Year 2021

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

| | |
|--------------------------------------|---|
| Taxpayer's name SUDHA MALLAVARAPU | Spouse's name (jointly filed return only) |
|--------------------------------------|---|

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2021 Form IT-370 and Tax Year 2022 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

| | | |
|--|----|-----------|
| 1 Federal adjusted gross income (from applicable line) | 1. | 96411. |
| 2 Refund | 2. | 56. |
| 3 Amount you owe | 3. | |
| 4 Financial institution routing number | 4. | 111000614 |
| 5 Financial institution account number | 5. | 595865135 |
| 6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings | | |

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2021 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2021 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2021 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

| | |
|--|------------------|
| Taxpayer's signature | Date 03/31/22 |
| Spouse's signature (jointly filed return only) | Date |

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2021 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2021 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

| | | |
|---------------------------|---|------------------|
| ERO's signature | Print name GLOBAL TAXES LLC | Date |
| Paid preparer's signature | Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 03262022 |



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2021, through December 31, 2021, or fiscal year beginning ... **21**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

| | | | | | | |
|--|--|----|--|--------------------------|---|---|
| Your first name SUDHA | | MI | Your last name (for a joint return, enter spouse's name on line below) MALLAVARAPU | | Your date of birth (mmdyyyy) 06061992 | Your Social Security number 711381387 |
| Spouse's first name | | MI | Spouse's last name | | Spouse's date of birth (mmdyyyy) | Spouse's Social Security number |
| Mailing address (see instructions, page 12) (number and street or PO Box) 2100 HYLAN DRIVE | | | | | Apartment number 34C | New York State county of residence MONROE |
| City, village, or post office ROCHESTER | | | State NY | ZIP code 14623 | Country EAST ROCHESTER | |
| Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route) | | | | | Apartment number | School district code number 063 |
| City, village, or post office | | | State NY | ZIP code | Decedent information | Taxpayer's date of death (mmdyyyy) Spouse's date of death (mmdyyyy) |

- A Filing status**
(mark an **X** in one box):
- ① Single
 - ② Married filing joint return (enter spouse's Social Security number above)
 - ③ Married filing separate return (enter spouse's Social Security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2021 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No



D1 Did you have a financial account located in a foreign country? (see page 13) Yes No

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes No

E (1) Did you or your spouse **maintain living quarters in NYC** during 2021? (see page 13) .. Yes No

(2) Enter the number of days spent in NYC in 2021 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 13):

(1) Number of months **you** lived in NYC in 2021

(2) Number of months **your spouse** lived in NYC in 2021

G Enter your **2-character special condition code(s) if applicable** (see page 13)

H Dependent information (see page 14)

| First name | MI | Last name | Relationship | Social Security number | Date of birth (mmdyyyy) |
|------------|----|-----------|--------------|------------------------|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

If more than 7 dependents, mark an **X** in the box.



201001213555

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Your Social Security number
711381387

Federal income and adjustments (see page 14)

Whole dollars only

| | | | |
|-----|--|-----|-----------|
| 1 | Wages, salaries, tips, etc. | 1 | 96549 .00 |
| 2 | Taxable interest income | 2 | .00 |
| 3 | Ordinary dividends | 3 | .00 |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) | 4 | .00 |
| 5 | Alimony received | 5 | .00 |
| 6 | Business income or loss (submit a copy of federal Schedule C, Form 1040) | 6 | .00 |
| 7 | Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) | 7 | .00 |
| 8 | Other gains or losses (submit a copy of federal Form 4797) | 8 | .00 |
| 9 | Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box .. <input type="checkbox"/> | 9 | .00 |
| 10 | Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/> | 10 | .00 |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) | 11 | .00 |
| 12 | Rental real estate included in line 11 | 12 | .00 |
| 13 | Farm income or loss (submit a copy of federal Schedule F, Form 1040) | 13 | .00 |
| 14 | Unemployment compensation | 14 | .00 |
| 15 | Taxable amount of Social Security benefits (also enter on line 27) | 15 | .00 |
| 16 | Other income (see page 14) Identify: | 16 | .00 |
| 17 | Add lines 1 through 11 and 13 through 16 | 17 | 96549 .00 |
| 18 | Total federal adjustments to income (see page 14) Identify: HLTH SAV ACCT DED | 18 | 138 .00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) | 19 | 96411 .00 |
| 19a | Recomputed federal adjusted gross income (see page 14, Line 19a worksheet) | 19a | 96411 .00 |

New York additions (see page 15)

| | | | |
|----|--|----|-----------|
| 20 | Interest income on state and local bonds and obligations (but not those of NYS or its local governments) | 20 | .00 |
| 21 | Public employee 414(h) retirement contributions from your wage and tax statements (see page 15) | 21 | .00 |
| 22 | New York's 529 college savings program distributions (see page 15) | 22 | .00 |
| 23 | Other (Form IT-225, line 9) | 23 | .00 |
| 24 | Add lines 19a through 23 | 24 | 96411 .00 |

New York subtractions (see page 16)

| | | | |
|----|--|----|-----------|
| 25 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 25 | .00 |
| 26 | Pensions of NYS and local governments and the federal government (see page 16) | 26 | .00 |
| 27 | Taxable amount of Social Security benefits (from line 15) ... | 27 | .00 |
| 28 | Interest income on U.S. government bonds | 28 | .00 |
| 29 | Pension and annuity income exclusion (see page 17) | 29 | .00 |
| 30 | New York's 529 college savings program deduction/earnings | 30 | .00 |
| 31 | Other (Form IT-225, line 18) | 31 | .00 |
| 32 | Add lines 25 through 31 | 32 | .00 |
| 33 | New York adjusted gross income (subtract line 32 from line 24) | 33 | 96411 .00 |



Standard deduction or itemized deduction (see page 19)

| | | | |
|----|--|----|-----------|
| 34 | Enter your standard deduction (table on page 19) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized | 34 | 8000 .00 |
| 35 | Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) | 35 | 88411 .00 |
| 36 | Dependent exemptions (enter the number of dependents listed in item H; see page 19) | 36 | 000 .00 |
| 37 | Taxable income (subtract line 36 from line 35) | 37 | 88411 .00 |

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Name(s) as shown on page 1
SUDHA MALLAVARAPU

Your Social Security number
711381387

Tax computation, credits, and other taxes

| | | |
|--|-----------|-----------|
| 38 Taxable income (from line 37 on page 2) | 38 | 88411 .00 |
| 39 NYS tax on line 38 amount (see page 20) | 39 | 5070 .00 |
| 40 NYS household credit (page 20, table 1, 2, or 3) | 40 | .00 |
| 41 Resident credit (see page 21) | 41 | .00 |
| 42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ... | 42 | .00 |
| 43 Add lines 40, 41, and 42 | 43 | .00 |
| 44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) | 44 | 5070 .00 |
| 45 Net other NYS taxes (Form IT-201-ATT, line 30) | 45 | .00 |
| 46 Total New York State taxes (add lines 44 and 45) | 46 | 5070 .00 |

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

| | | |
|--|------------|----------|
| 47 NYC taxable income (see page 21)..... | 47 | .00 |
| 47a NYC resident tax on line 47 amount (see page 21)..... | 47a | .00 |
| 48 NYC household credit (page 21) | 48 | .00 |
| 49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) | 49 | .00 |
| 50 Part-year NYC resident tax (Form IT-360.1) | 50 | .00 |
| 51 Other NYC taxes (Form IT-201-ATT, line 34) | 51 | .00 |
| 52 Add lines 49, 50, and 51 | 52 | .00 |
| 53 NYC nonrefundable credits (Form IT-201-ATT, line 10) | 53 | .00 |
| 54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) | 54 | .00 |
| 54a MCTMT net earnings base | 54a | .00 |
| 54b MCTMT | 54b | .00 |
| 55 Yonkers resident income tax surcharge (see page 24) | 55 | .00 |
| 56 Yonkers nonresident earnings tax (Form Y-203) | 56 | .00 |
| 57 Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 57 | .00 |
| 58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) .. | 58 | .00 |
| 59 Sales or use tax (see page 25; do not leave line 59 blank) | 59 | 0 .00 |
| 60 Voluntary contributions (Form IT-227, Part 2, line 1) | 60 | .00 |
| 61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) | 61 | 5070 .00 |

See instructions on pages 21 through 24 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



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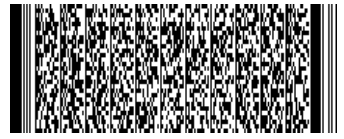


Your Social Security number
711381387

62 Enter amount from line 61 **62** 5070 .00

Payments and refundable credits (see pages 26 through 29)

| | | | |
|-----|--|-----|----------|
| 63 | Empire State child credit | 63 | .00 |
| 64 | NYS/NYC child and dependent care credit | 64 | .00 |
| 65 | NYS earned income credit (EIC) | 65 | .00 |
| 66 | NYS noncustodial parent EIC | 66 | .00 |
| 67 | Real property tax credit | 67 | .00 |
| 68 | College tuition credit | 68 | .00 |
| 69 | NYC school tax credit (fixed amount) (also complete F on page 1) | 69 | .00 |
| 69a | NYC school tax credit (rate reduction amount) | 69a | .00 |
| 70 | NYC earned income credit | 70 | .00 |
| 70a | This line intentionally left blank | 70a | |
| 71 | Other refundable credits (Form IT-201-ATT, line 18) | 71 | .00 |
| 72 | Total New York State tax withheld | 72 | 5126 .00 |
| 73 | Total New York City tax withheld | 73 | .00 |
| 74 | Total Yonkers tax withheld | 74 | .00 |
| 75 | Total estimated tax payments and amount paid with Form IT-370 | 75 | .00 |
| 76 | Total payments (add lines 63 through 75) | 76 | 5126 .00 |



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 11).
Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 30 through 32)

| | | | |
|-----|--|-----|--------|
| 77 | Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 30) | 77 | 56 .00 |
| 78 | Amount of line 77 available for refund (subtract line 79 from line 77) TIP: Use this amount to check your refund status online. | 78 | 56 .00 |
| 78a | Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) | 78a | .00 |
| 78b | Total refund after NYS 529 account deposit (subtract line 78a from line 78) | 78b | 56 .00 |

Mark one refund choice: direct deposit to checking or savings account (fill in line 83) - or - paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.
See page 31 for payment options.

| | | | |
|----|---|----|-----|
| 79 | Amount of line 77 that you want applied to your 2022 estimated tax (see instructions) | 79 | .00 |
| 80 | Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. | 80 | .00 |
| 81 | Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31) | 81 | .00 |
| 82 | Other penalties and interest (see page 31) | 82 | .00 |

See page 34 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 32).
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 32)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 111000614 83c Account number 595865135

84 Electronic funds withdrawal (see page 32) Date _____ Amount _____ .00

| | | | |
|---|-----------------------|--------------------------------|--------------------------------------|
| Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Print designee's name | Designee's phone number () | Personal identification number (PIN) |
| | Email: | | |

| | | | |
|--|--|---|-------------------------|
| ▼ Paid preparer must complete ▼ (see instructions) | | Preparer's NYTPRN | NYTPRN excl. code 0 9 |
| Preparer's signature SYAM PRIYA RAM SAGAR GUP | | Preparer's printed name SYAM PRIYA RAM SAGAR GUP | |
| Firm's name (or yours, if self-employed) GLOBAL TAXES LLC | | Preparer's PTIN or SSN P02082703 | |
| Address 2530 PEBBLE CREEK LN CUMMING GA 30041 | | Employer identification number 301017196 | |
| Email: SYAM@GTAXFILE.COM | | Date 03262022 | |

| | |
|---|---------------------------------------|
| ▼ Taxpayer(s) must sign here ▼ | |
| Your signature <i>Sudha M</i> | |
| Your occupation SDET | |
| Spouse's signature and occupation (if joint return) | |
| Date 03/31/22 | Daytime phone number (682)208 4199 |
| Email: MALLAVARAPU.SUDHA@GMAIL.COM | |

See instructions for where to mail your return.



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Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

711381387

Box b Employer identification number (EIN)

800451564

Box c Employer's information

| | | | |
|--|-------|----------|--------------------------------|
| Employer's name | | | |
| TRACELINK, INC | | | |
| Employer's address (number and street) | | | |
| 400 RIVERPARK DR STE 200 | | | |
| City | State | ZIP code | Country (if not United States) |
| NORTH READING | MA | 01864 | |

Box 1 Wages, tips, other compensation

96549.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

102.00

Code

C

Box 12b Amount

6372.00

Code

D

Box 12c Amount

750.00

Code

W

Box 12d Amount

7248.00

Code

D D

Box 14a Amount

385.00

Description

NY-SDI

Box 14b Amount

31.00

Description

NYPFL

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

96549.00

Box 17a NYS income tax withheld

5126.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

| | | | |
|--|-------|----------|--------------------------------|
| Employer's name | | | |
| | | | |
| Employer's address (number and street) | | | |
| | | | |
| City | State | ZIP code | Country (if not United States) |
| | | | |

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001213555

