Form 8879
(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number
KALYANSHANKAR KUMMARI	098-51-3282
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter	er 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 85,513.
2 Total tax	2 10,906.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 13,263.
4 Amount you want refunded to you	4 2,357.
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 periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I south sub-	OT OD AT		TTO	
l authorize	GLUBAL	IAVED	лтс	to enter or generate my PIN

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Ent	er fiv	/e di	gits,	but	as
dor	n't er	nter a	all ze	ros	

my

as mv

ERO firm name 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 K. Kalyan

Spouse's	PIN:	check	one	box	only	

I authorize

to enter or generate my PIN

Date > 03/10/2022

Enter five digits, but don't enter all zeros

ERO firm name 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 🕨	Da	ate 🕨	•							
Practitioner PI	N Method Returns Only—continue	bel	w							
Part III Certification and Authentication –	Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed b	by your five-digit self-selected PIN.	5	8	 	8 nter a		9	8	9	

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 F Don't Submit This Form to the I		
Fee Devenue de Deduction Act N	ation and company the such and in atmosphere	 DEV 00/07/00 DDO	Farm 8870 (Day, 01 0001)

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

E1040		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		(99) urn	202	21	OMB No. 154	5-0074	IRS Us	se Only	—Do not v	vrite or staple	in this space.
Filing Statu Check only one box.	lf yo	Single D Married filing jointly curve checked the MFS box, enter the mission is a child but not your dependen	name of	-	separately (use. If you		_			,		, 0	low(er) (QW) ne qualifying
Your first name	e and m	iddle initial	Last na	me							Your so	cial securi	ty number
KALYANS	HANK	AR	KUMM	IARI							098-	51-328	2
lf joint return, s	spouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number
Home address 5523 W		er and street). If you have a P.O. box, see DR	instructi	ons.				/	Apt. no.		Check	here if you,	on Campaign or your htly, want \$3
City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete s	paces bel	ow.	Stat	te	ZIP co					Checking a
CHANDLE	R					AZ	Ζ	852	226		box bel	ow will not	change
Foreign countr	y name			Foreign pr	ovince/state	/count	.y	Forei	gn postal	code	your ta:	x or refund	
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	rwise dis	spose of ar	ıy fina	ncial interest	in any	virtual	curre	ncy?	Ves	X No
Standard Deduction		eone can claim:	•		•		a dependent						
Age/Blindnes	s You:	Were born before January 2, 1	957	Are bli	ind Sp	ouse	: 🗌 Was bo	orn bef	ore Jani	uary 2	2, 1957	🗌 ls b	lind
Dependent	s (see	instructions):		(2) S	Social securit	у	(3) Relations	hip	(4)	🖊 if q	ualifies fo	r (see instru	ictions):
If more	(1) F	irst name Last name			number		to you		Child	tax c	credit Credit for other depender		
than four													<u> </u>
dependents, see instruction	IS												<u> </u>
and check													
here 🕨 📃			_ ();										
Attach	1	Wages, salaries, tips, etc. Attach F	Ľ	W-2 .	· · ·	•••		• •		·	. 1		94,818.
Sch. B if	2a	'	2a				axable intere		• •	·	. 2b		
required.	3a		3a				ordinary divide		• •	·	. 3b		
) 4a		4a 5a				axable amou		• •	·	. 4b . 5b		
Chanadanad	5a 6a		6a				axable amou axable amou		• •	·	. 50. . 6b		
Standard Deduction for –	7	Capital gain or (loss). Attach Sche		f required	l If not rea			n	• •	· • [. 01.		
 Single or Married filing 	8	Other income from Schedule 1, lin					, CHECK HELE	• •	• •		. 8		-9,305.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,						• •	• •	·	. <u>0</u>		<u> </u>
\$12,550Married filing	10	Adjustments to income from Sche						• •	• •	·	. 10		00,010.
jointly or	11	Subtract line 10 from line 9. This is						• •			► 11		85,513.
Qualifying widow(er),	12a	Standard deduction or itemized			-			2a	12	,55			<u></u>
\$25,100 " • Head of	b	Charitable contributions if you take		`		,		2b		30			
household,	c	•										c	12,850.
\$18,800 If you checked	13	Qualified business income deduct											
any box under Standard	14												12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14											72,663.
)												

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

			XES LLC				DI	/	678)965-9522
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLA	M 03/10/2022	P0208	2703	Self-employed
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
		one no. (814)812-928		Email address	KALYAN.K8	844@GMAIL.C	1		
See instructions. Keep a copy for your records.	Spo	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	ation	Ider		nt your spouse an ection PIN, enter it here
Joint return?	_				SOFTWARE		(see	inst.) 🕨	
Here		ur signature		Date	Your occupation		If the	e IRS sei	nt you an Identity IN, enter it here
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com		ed this return and					
		signee's ne ►		Phone no.			sonal ident nber (PIN)		
Third Party Designee	ins	you want to allow another tructions	•		m with the IRS	. 🕨 🗌 Yes. C	Complete		X No
You Owe	38	Estimated tax penalty (see in				38			
Amount	37	Amount you owe. Subtract					. 🕨	37	
	36	Amount of line 34 you want a							
See instructions	►d	Account number 3 5 8							
Direct deposit?	►b	Routing number 0 2 1			► c Type:	K Checking	Savings		
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, ch	eck here	. 🕨 🗌	35a	2,357.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amo	unt you overpaid		34	2,357.
	33	Add lines 25d, 26, and 32. T		•				33	13,263.
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments ar	nd refundable cre	dits 🕨	32	
	31	Amount from Schedule 3, lin				31			
	30	Recovery rebate credit. See				30			
	29	American opportunity credit				29			
	28	Refundable child tax credit or			Schedule 8812	28			
	c	Prior year (2019) earned inco							
	b	Nontaxable combat pay elec	-	I					
		January 2, 2004, and you taxpayers who are at least a							
attach Sch. EIC.		Check here if you were k	oorn after Janu	ary 1, 1998,	and before				
qualifying child,	27a	Earned income credit (EIC)			NO	27a			
If you have a	26	2021 estimated tax payment						26	
	d	Add lines 25a through 25c						25d	13,263.
	с	Other forms (see instructions	s)			25c			
	b	Form(s) 1099				25b			
	а	Form(s) W-2				25a 1	3,263.		
	25	Federal income tax withheld	5						
	24	Add lines 22 and 23. This is	1 5 7		,			24	10,906.
	23	Other taxes, including self-e	-					23	0.
	22	Subtract line 21 from line 18						22	10,906.
	20 21	Add lines 19 and 20						20	831.
	20	Amount from Schedule 3, lin		•				20	831.
	18 19	Add lines 16 and 17 Nonrefundable child tax cred						18 19	11,737.
	17	Amount from Schedule 2, lin						17	11 7 7 7
			- 0					47	

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. nation. OMB No. 1545-0074 20 21

Go to www.irs.gov/Form1040 for instructions a	and the	latest inform
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	Attachment Sequence No. 01
Your soc	ial security number
098-51	-3282

KALYANSHANKAR KUMMARI Part Additional Income

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

1					
2 a	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, tru Schedule E		5	-9,305.	
6	Farm income or (loss). Attach Schedule F		6		
7	Unemployment compensation		7		
8	Other income:				
а	Net operating loss	8a ()			
b	Gambling income	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()			
е	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	01			
	property	8k			
	instructions)	81			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
ο	Section 461(I) excess business loss adjustment	80			
р	Taxable distributions from an ABLE account (see instructions) .	8р			
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 10 1040-NR, line 8		10	-9,305.	

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic 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	3	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) \blacktriangleright			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b			
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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			
j	Housing deduction from Form 2555			
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 in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 03/07/22 PRO

Additional Credits and Payments

OMB No. 1545-0074 2021

	Attach to Form	1040, 1040-SR,	or 1040-NR.
0	ine	A	and the late of informer

Department of the Treasury ► Attach to Form 1040, 1040-SR, or 1040-NR. Internal Revenue Service ► Go to www.irs.gov/Form1040 for instructions and the latest information.						Atta	chment uence No. 03
						cial sec	curity number
KAL Pai	YANSHANKAR	KUMMARI			098-5	51-328	32
1	0					1	
2	Credit for c Form 2441	hild and dependent care expenses fro	om Form 2441			2	
3	Education c	redits from Form 8863, line 19				3	831.
4	Retirement s	savings contributions credit. Attach Forr	n 8880			4	
5	Residential e	energy credits. Attach Form 5695				5	
6	Other nonre	fundable credits:					
а	General bus	iness credit. Attach Form 3800		6a			
b	Credit for pr	ior year minimum tax. Attach Form 8801		6b			
С	Adoption cre	edit. Attach Form 8839		6c			
d	Credit for th	e elderly or disabled. Attach Schedule F		6d			
е	Alternative r	notor vehicle credit. Attach Form 8910		6e			
f	Qualified plu	ug-in motor vehicle credit. Attach Form 8	3936	6f			
g	Mortgage in	terest credit. Attach Form 8396		6g			
h	District of Co	blumbia first-time homebuyer credit. Attac	ch Form 8859	6h			
i	Qualified ele	ectric vehicle credit. Attach Form 8834		6i			
j	Alternative fu	uel vehicle refueling property credit. Attac	ch Form 8911	6j			
k	Credit to ho	lders of tax credit bonds. Attach Form 8	912	6k			
Т	Amount on I	Form 8978, line 14. See instructions .		61			
z	Other nonref	undable credits. List type and amount \blacktriangleright _		6z			
7	Total other r	nonrefundable credits. Add lines 6a thro	ugh 6z			7	
8		through 5 and 7. Enter here and on For	rm 1040, 1040·	SR, or 1	040-NR,		
	line 20					8	831.
					· · ·		d on page 2)
For Pa	aperwork Reducti	on Act Notice, see your tax return instructions.	BAA	REV 03/07	/22 PRO	Schedule	3 (Form 1040) 2021

Schedule 3 (Form 1040) 2021

Par	II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
Z	Other payments or refundable credits. List type and amount	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	
	BAA REV	03/07/22 PRO	Schedu	le 3 (Form 1040) 2021

SCHE	DULE	Ε
(Form	1040)	

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

OMB No. 1545-0074

Attachment Sequence No. 13

20

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

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

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

shown on return							Your s	ocial securi	ty number
ALYANSHANKAR KUMMARI							098	-51-328	2
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			,	שפט	TNT E 2	0000			
D.NO. 34-10/30,	ZND FLOOR VIOATAWADA AF		A PRAL	лези		0008			
Type of Property (from list below)	above, report the number of fa	ir rent	al and		-				QJV
	personal use days. Check the	QJV b	ox only	Α		365		0	
	qualified joint venture. See inst	ructio	ns.					<u> </u>	
			-	_					
of Property:				•					
	3 Vacation/Short-Term Bental	5 La	nd		7 Self-	Rental			
e:					0 Othe				С
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		-			500.				
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		-		1	625				
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		-		<u> </u>	140.				
		-		2	100				
				Ζ,	400.				
Othor (list)		-							
	lines 5 through 10	-		0	065				
Subtract line 20 from result is a (loss), see	line 3 (rents) and/or 4 (royalties). If								
	estate loss after limitation, if any,	21		-9,	305.				
on Form 8582 (see in	structions)	22	(9,3		(FGO)()
			• •	• •			500	•	
		erties	• •	• •				_	
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•			-		• •				
								.o (9,305.)
								6	_0 20F
					iirie 41				-9,305.
	ANSHANKAR KUMMA Income or Loss Schedule C. See Iyou make any payme Yes," did you or will you Physical address of e D.NO:54-18/38, Type of Property (from list below) 3 of Property: gle Family Residence e: Rents received . Advertising . Auto and travel (see in Cleaning and mainter Commissions. Insurance . Legal and other profe Management fees . Mortgage interest pai Other interest. Supplies . Supplies . Cother (list) ▶ Total expenses. Add Subtract line 20 from result is a (loss), see file Form 6198 . Deductible rental real on Form 8582 (see in Total of all amounts re Total of all am	Income or Loss From Rental Real Estate and Ro Schedule C. See instructions. If you are an individual, rep you make any payments in 2021 that would require you to Yes," did you or will you file required Form(s) 1099? Physical address of each property (street, city, state, ZIF D.NO: 54–18/38, 2ND FLOOR VIJAYAWADA AN Type of Property (from list below) Type of Property: (from list below) 2 For each rental real estate prop above, report the number of fa personal use days. Check the if you meet the requirements to qualified joint venture. See instructions) of Property: lee Family Residence 3 Vacation/Short-Term Rental i=-Family Residence 4 ci-Family Residence 4 ci-Family Residence 5 etaining and maintenance 5 Commissions 5 Auto and travel (see instructions) 5 Cleaning and maintenance 5 Legal and other professional fees 5 Mortgage interest paid to banks, etc. (see instructions) 5 Other interest. 5 Supplies 5 Total expenses. Add lines 5 through 19 5 Subplies 5 Total expenses. Add lines 5 through 19 5 Taxes 5 Deductible rental real estate	ANSHANKAR KUMMARI Income or Loss From Rental Real Estate and Royaltie Schedule C. See instructions. If you are an individual, report farr you make any payments in 2021 that would require you to file F Yes," did you or will you file required Form(s) 1099? Physical address of each property (street, city, state, ZIP code D.N0:54-18/38, 2ND FLOOR VIJAYAWADA ANDHRJ Type of Property (from list below) 2 For each rental real estate property I drom list below) 2 For each rental real estate property I drom list below) 2 For each rental real estate property I drom list below) 3 Auto and travel (see instructions) 4 See: Properties: Rents received 3 Auto and travel (see instructions) 6 Cleaning and maintenance 7 Commissions. 8 Insurance 9 Legal and other professional fees 10 Management fees 11 Mortgage interest paid to banks, etc. (see instructions) 12 Other interest. 13 Repairs. 14 Supplies 15 Taxes 16 Other (list) ▶ 19 Other (list) a (loss), see instructions) 12	ANSHANKAR KUMMARI Income or Loss From Rental Real Estate and Royalties Note Schedule C. See instructions. If you are an individual, report farm rental if you make any payments in 2021 that would require you to file Form(s) 1 Yes," did you or will you file required Form(s) 1099? Yes," did you or will you file required Form(s) 1099? Physical address of each property (street, city, state, ZIP code) D.N:54-18/38, 2ND FLOOR VIJAYAWADA ANDHRA PRAI 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. of Property: (lef Family Residence 3 Vacation/Short-Term Rental 5 Gentaries received 3 Commercial 6 Royalties Beyalties received 3 Rents received 3 Auto and travel (see instructions) 6 6 Cleaning and maintenance 10 Management fees 11 Mortgage interest paid to banks, etc. (see instructions) 12 Other (interest. 13 14 Supplies 14 20 Supplies 14 20 Other (interest. 16 17 Depreciati	ANSHANKAR KUMMARI Income or Loss From Rental Real Estate and Royalties Note: If you Schedule C. See instructions. If you are an individual, report farm rental income you make any payments in 2021 that would require you to file Form(s) 1099? Yes," did you or will you file required Form(s) 1099? Physical address of each property (street, city, state, ZIP code) D.N0:54-18/38, 2ND FLOOR VIJAYAWADA ANDHRA PRADESH Type of Property 2 from each rental real estate property listed above, report the number of fair rental and person report the requirements to file as a qualified joint venture. See instructions. a qualified joint venture. See instructions. froperty: 3 ie Family Residence 3 Vacation/Short-Term Rental 5 Land i-Family Residence 4 Commercial 6 Royalties eses: 4 5 Advertising 5 4 Avertising 5 4 Avertising 5 10 Management fees 10 14 Insurance 11 1, Mortgage interest paid to banks, etc. (see instructions) 12 2 Other interest. 11 1, Mortgage interest paid to banks, etc. (see instructions) 12	ANSHANKAR KUMMARI Income or Loss From Rental Real Estate and Royalties Note: If you are in th Schedule C. See instructions. If you are an individual, report farm rental income or loss f you make any payments in 2021 that would require you to file Form(s) 1099? See instructions. Physical address of each property (street, city, state, ZIP code) D. N0:54-18/38, 2ND FLOOR VIJAYAWADA ANDHRA PRADESH IN 52 Type of Property (from list below) 2 See report the number of fair rental and personal use days. Check the GUY box only A G 5 for operty: (from list below) 2 For each rental real estate property listed abve, report the number of fair rental and personal use days. Check the GUY box only A B C 5 for operty: (from list below) 3 7 B Family Residence 4 6 Fair Family Residence 4 5 Advertising 3 560. Advertising 5 4 Advertising 5 4 Advertising 1 1,770. Maragement fees 10 1 Management fees 11 1,770. Mortage interest paid to banks, etc. (see instructions) 1	ANSHANKAR KUMMARI Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 484 You make any payments in 2021 that would require you to file Form(s) 1099? See instructions You make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP Code) D.N0:54-18/38, 2ND FLOOR VIJAYAWADA ANDHRA PRADESH IN 520008 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 Qu'box only A 365 If you meet the requirements to file as a qualified joint venture. See instructions. A 365 B If Property: le Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental I-Family Residence 3 Vacation/Short-Term Rental 5 A B B Rents received 3 560. 8 0 10 Advertising 5 4 9 1 1, 770. Itsurance 7 1, 850. 2 2 2 2 Grand and travel (see instructions) 10	ANSHANKAR KUMMARI 098 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4836 on property (street, city, state, ZIP code) Physical address of each property (street, city, state, ZIP code)	ANSHAMKAR KUMMARI 098-51-328 Income or Loss Form Rental Real Estate and Royalties Note: if you are in the business of renting presonal p Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4838 on page 2, line's (if you make any payments in 2021 that would require you to file Form(s) 1099? See instructions. Image: 2, line's (if you or will you file require your to file Form(s) 1099? See instructions. Image: 2, line's (if you or will you file require your to file Form(s) 1099? See instructions. Image: 2, line's (if you not will you file require your to file refrail and pays or pays on a use days. Check the QUV box only. A 365 Image: 2, line's (if you meet the requirements to file as a qualified joint venture. See instructions. A 365 Image: 2, line's (if you meet the requirements to file as a qualified joint venture. See instructions. A 365 Image: 2, line's (if you meet the requirements to file as a qualified joint venture. See instructions) Image: 2, line's (if you meet the requirements to file as a qualified joint venture. See instructions) Image: 2, line's (if you meet the requirements to file as a qualified joint venture. See instructions) Image: 2, line's (if you meet the requirements to file as a qualified joint venture. See instructions) Image: 2, line's (if you meet the requirement to file as a qualified joint venture. See instructions) Image: 2, line's (if you meet the requirement to file as a qualified joint venture. See instructions) Image: 2, line's (if you meet the requirement to see instructions) Image: 2, line's (if you meet the requirement to file as a qualified joint venture. See instructions) Image: 2, li

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

8863 Form Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

CAUTION

Education Credits (American Opportunity and Lifetime Learning Credits) ► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8863 for instructions and the latest information.

Your social security number

098-51-3282

KALYANSHANKAR KUMMARI

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line	30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3				
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5				
6	If line 4 is:			N N		
	• Equal to or more than line 5, enter 1.000 on line 6				0	
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)				6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th conditions described in the instructions, you can't take the refundable America	an op	portur	nity credit;	7	
0	skip line 8, enter the amount from line 7 on line 9, and check this box Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				1	
8	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8	
Part		,				
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	•		,	9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	9,250.
11	Enter the smaller of line 10 or \$10,000				11	9,250.
12	Multiply line 11 by 20% (0.20)	· ·			12	1,850.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	13		90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for			05 510		
	the amount to enter	14		85,513.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15		4,487.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16		10,000.		
17	If line 15 is:					
	 Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 					
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rour places)				17	0.449
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet				18	831.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit	•		,		
	instructions) here and on Schedule 3 (Form 1040), line 3				19	831.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA		REV 03/07/2	2 PRO	Form 8863 (2021)



Name(s) shown on return

KALYANSHANKAR KUMMARI

CAUT	Complete Part III for each student for whom opportunity credit or lifetime learning credit each student.				needed for
Part	Student and Educational Institution Information				
20	Student name (as shown on page 1 of your tax return) KALYANSHANKAR		Student social security number (as s vour tax return)	hown	on page 1 of
	KUMMARI		098-51-3282		
22	Educational institution information (see instructions)	1			
а	. Name of first educational institution UNIVERSITY OF THE CUMBERLANDS	b.1	Name of second educational institut	ion (if	any)
(1	 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR 	(1)	Address. Number and street (or P. post office, state, and ZIP code. If instructions.		
	WILLIAMSBURG KY 40769				
(2	2) Did the student receive Form 1098-T X Yes No from this institution for 2021?	(2)	Did the student receive Form 1098 from this institution for 2021?	3-Т	Yes 🗌 No
(3	B) Did the student receive Form 1098-T from this institution for 2020 with box Yes X No 7 checked?	(3)	Did the student receive Form 1098 from this institution for 2020 with b 7 checked?	_] Yes 🗌 No
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	1	Enter the institution's employer (EIN) if you're claiming the America if you checked "Yes" in (2) or (3) from Form 1098-T or from the instit	an op). Υοι	portunity credit o I can get the EIN
	61-0470593				
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021?		s - Stop! to to line 31 for this student. X No	— Go	to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	, 🗙 Ye			pp! Go to line 31 udent.
25	Did the student complete the first 4 years of postsecondary education before 2021? See instructions.	× Go	es – Stop! to line 31 for this No udent.	— Go	to line 26.
26	Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?	I 🗌 Go			mplete lines 27 0 for this student.
CAUT	You can't take the American opportunity credit and the layou complete lines 27 through 30 for this student, don't don'			t in the	e same year. If
	American Opportunity Credit				
27	Adjusted qualified education expenses (see instructions). Dor			27	
28	Subtract \$2,000 from line 27. If zero or less, enter -0			28	
29	Multiply line 28 by 25% (0.25)			29	
30	If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts f			30	
	Lifetime Learning Credit	nom all l		30	
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10			31	9,250.
	· · · · · · · · · · · · · · · · · · ·				

Your social security number 098-51-3282

E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name		Your Social Security Number*
KALYANSHANKAR	KUMMARI	Enter	098 51 3282
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	Spouse's Social Security No.*

PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate

• To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.

• To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFO		PART 3 – FIN	ANCIAL INS	FITUTION INFORMATION	
			Must be presei	nt when reque	sting direct debit or deposit.
1 Arizona Adjusted Gross Income	85,513 00		Foreign Ac	count Deposit/	Debit: See instructions below.
2 Balance of Tax	2,369 00		TYPE OF ACCOUNT		
3 Arizona Income Tax Withheld	2,56000		🛛 Checking	Savings	0 2 1 2 0 2 3 3 7
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER		
4 REFUND: Enter the amount of	f refund	191 00	3 5 8 1 0	3288	
5 AMOUNT YOU OWE: Enter th	ne amount owed	00		JEST DATE	\$

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, *you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.*

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** X I consent that my refund be directly deposited as designated in the electronic portion of my 2021 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 18, 2022, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2021. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

ERE	→		
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE

Under First Name and Middle Initial (Move First Name and Middle Initial (/f box 4 or 6 checked) Last Name Spotters First Name and Middle Initial (/f box 4 or 6 checked) Last Name Spotters First Name and Middle Initial (/f box 4 or 6 checked) Last Name Spotters First Name and Middle Initial (/f box 4 or 6 checked) Last Name Spotters First Name and Middle Initial (/f box 4 or 6 checked) Last Name Spotters First Name and Middle Initial (/f box 4 or 6 checked) Last Name Spotters First Name and Middle Initial (/f box 4 or 6 checked) Last Name Spotters First Name and Middle Initial (/f box 4 or 6 checked) Last Name Spotters First Name and Middle Initial (/f box 4 or 6 checked) Last Name Spotters First Name and Middle Initial (/f box 4 or 6 checked) Last Name Spotters First Name and Middle Initial (/f box 4 or 6 checked) Last Name Spotters First Name and Middle Initial (/f box 4 or 6 checked) Last Name Spotters First Name and Quality of hid or spotters first Name Spotters First Name and Quality of hid or spotters first Name Spotters First Name and Quality of hid or spotters first Name Spotters First Name and Quality of hid or spotters first Name Spotters First Name and Quality of hid or spotters first Name Spotters First Name Spot	RETURN.			Arizona Form 140	Resident	Perso	onal Inco	ome Tax	Return	ł	FOR CALE	NDAR YEAR
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NUMBER Courrent Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 12 55.23 N GARX D R. AZ 85.22 feed of the street of	MS TC		Spouse's First Name and Middle Initial (if box 4 or 6 checked)			La	Last Name		-	Spouse's Social Security N		
OTHER AZ 65226 EVENUE Description Provide the second se	Ξ											
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• Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) If comments the adm complete line 43. 9 Age 65 or over (you and/or spouse) If comments the adm complete line 43. 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 0 Outlifying parents and grandparents. Social SECURITY NO. RELATIONSHIP No. of Adm complete page 4, Part 1. 10b Dependents: Under age of 17. 10b Dependents: Under age of 17. No. of Adm complete page 4, Part 1. 10b Dependents: Under age of 17. 10b Dependents: Under age of 17. No. of Adm complete page 4, Part 1. 10b Integration of Adm complete page 4, Part 1. Integration of Adm complete page 4, Part 2. Integration of Adm complete page 4, Part 2. 10c Integration of Adm complete page 4, Part 2. Integration of Adm complete page 4, Part 2. Integration of Adm complete page 4, Part 2. 10c Integration of Adm complete page 4, Part 2. Integration of Adm complete page 4, Part 2. Integration of Adm complete page 4, Part 2. 10c Integration of Adm complete page 4, Part 2. Integration of Adm complete page 4, Part 2. Integrat 2. Integrat		_										
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[Your	Name (as shown on page 1)	our Social Security Nu	Imber		
	KAI	YANSHANKAR KUMMARI	098-51-3282			
Ì	35	Subtract lines 24 through 34c from line 19		35	85,513	
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched			00,010	00
					85,513	
suo	37	Subtract line 36 from line 35. Enter the difference			05,515	
Exemptions	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00
xem	39	Blind: Multiply the number in box 9 by \$1,500				00
Û	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				00
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			0 1 0	00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"			85,513	
	43	Deductions: Check box and enter amount. See instructions			12,550	
	44	If you checked box 43 S and claim charitable contributions, check 44 C 🔀 Complete page 3. See ins	tructions	44		5 00
Tax	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		45	72,888	
of Tax	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables		46a	2,369	
JCe	46	If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcha	ge. Enter the amount	46b		00
Balance	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30		47		00
8	48	Subtotal of tax: Add lines 46a, 46b and 47. Enter the total		48	2,369	<u>, 00</u>
	49	Dependent Tax Credit. See instructions		49		00
	50	Family income tax credit (from the worksheet - see instructions)		50		00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61				00
nd	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than			2,369	00
nts a Cred	53	2021 AZ income tax withheld			2,560	00
I Payments and Indable Credits	54	2021 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and 54b.			00
Total Payme Refundable	55	2021 AZ extension payment (Form 204)		55		00
otal Refu	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
	57	Property Tax Credit from Arizona Form 140PTC				00
. t	58	Other refundable credits: Check the box(es) and enter the total amount				00
Tax Due or Overpayment	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			2,560	
x Du	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 6				00
Ove Ove	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment			191	
		Amount of line 61 to be applied to 2022 estimated tax				00 (
Gifts		Balance of overpayment: Subtract line 62 from line 61. Enter the difference		63	191	1
		Solutions Teams				100
Voluntary	04			1		
No.				1		
~		a - Sustainable State Parks		1		
enalty						
Per		Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian				
		Estimated payment penalty	76		00	
þ		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included				
0 or	78	Add lines 64 through 74 and 76; enter the total		78	101	00
unt unt	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 Direct Deposit of Refund: <i>Check box 79A</i> if your deposit will be ultimately placed in a foreign account ; see	79	191	- 100	
Refund or Amount Owed						
٩		B8 C Checking or S Savings ROUTING NUMBER Account NUMBER 3 5 8 1 0 2 8				
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write yo	our SSN on pavment:			T
		and include with your return				00
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to				e
l		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	r nas any i	knowledge.		
HERE	€	C				
14			OFTWARE ENG	LNGGK		-
Ī						
SIGN	€					
		SPOUSE'S SIGNATURE DATE SP	OUSE'S OCCUPATION			-
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 03102022 GLOBAL TAXES LI	JC			
A		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF				-
1		2530 Pebble Creek Ln	30-1017	7196		
		PAID PREPARER'S STREET ADDRESS	PAID PREPAR			-
		Cumming GA 30041	(678)96	55-9522	2	
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAR	ER'S PHONE	NUMBER	-
lfv	ouare	also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 292	04, Phoenix, AZ 85038	-9204 if your	return has a barcoo	de).
		not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 292		-9205 if your		

2021 Form 140 - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction on their Arizona tax return may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: You must reduce your contribution amount by the total charitable contributions you made during January 1, 2021 through December 31, 2021 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on 5C.

NOTE 2: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 5C.

1C	2021 Gifts by cash or check	1C	300	00
2C		2C		00
3C	Carryover from prior year	3C		00
4C	Add lines 1C through 3C and enter the total	4C	300	00
5C	Total charitable contributions made in 2021 for which you are claiming a credit under Arizona law for the current (2021) or prior (2020) tax year	5C		00
6C	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0"	6C	300	00
7C	Multiply line 6C by 25% (.25) and enter the result	7C	75	00

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

• Enter the amount shown on line 7C on page 2, line 44.

• Be sure to check box 43**S** for Standard Deduction on line 43.

• Check box **44C** for charitable contributions on line 44. If you do not check this box, you may be denied the increased standard deduction.