

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) ▶

| | |
|-----------------------------------|--|
| Taxpayer's name ARJUN AILEENI | Social security number 297-83-6659 |
| Spouse's name SHRAVYA GANGARAM | Spouse's social security number 774-38-0035 |

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 | 232,416. |
| 2 Total tax | 2 | 37,653. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 37,800. |
| 4 Amount you want refunded to you | 4 | 147. |
| 5 Amount you owe | 5 | |

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

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

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 3 | 6 | 6 | 5 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 8 | 0 | 0 | 3 | 5 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 ARJUN | Last name AILEENI | Your social security number 297-83-6659 |
| If joint return, spouse's first name and middle initial SHRAVYA | Last name GANGARAM | Spouse's social security number 774-38-0035 |
| Home address (number and street). If you have a P.O. box, see instructions. 10980 OAK STREET, NE, UNIT 1107 | | Apt. no. |
| City, town, or post office. If you have a foreign address, also complete spaces below. SAINT PETERSBURG | | State FL |
| Foreign country name | | ZIP code 33716 |
| Foreign province/state/county | | Foreign postal code |

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.
 You Spouse

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):

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

| | | | | |
|--|--|--------------------|---------------------------------------|--------------------|
| Attach Sch. B if required. 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 <i>Standard Deduction</i> , see instructions. | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 249,664. | |
| | 2a Tax-exempt interest | 2a | 2b | |
| | 3a Qualified dividends | 3a 2. | b Taxable interest | 2b |
| | 4a IRA distributions | 4a | b Ordinary dividends | 3b 2. |
| | 5a Pensions and annuities | 5a | b Taxable amount | 4b |
| | 6a Social security benefits | 6a | b Taxable amount | 5b |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | b Taxable amount | 6b |
| | 8 Other income from Schedule 1, line 10 | | | 7 -325. |
| | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | | 8 -16,925. |
| | 10 Adjustments to income from Schedule 1, line 26 | | | 9 232,416. |
| | 11 Subtract line 10 from line 9. This is your adjusted gross income ▶ | | | 10 |
| | 12a Standard deduction or itemized deductions (from Schedule A) | 12a 25,100. | | 11 232,416. |
| | b Charitable contributions if you take the standard deduction (see instructions) | 12b 600. | | |
| | c Add lines 12a and 12b | | | 12c 25,700. |
| | 13 Qualified business income deduction from Form 8995 or Form 8995-A | | | 13 |
| 14 Add lines 12c and 13 | | | 14 25,700. | |
| 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | | 15 206,716. | |

| | | | |
|--------------------------------------|--|------------|---------|
| 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 | 37,653. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 37,653. |
| 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 | 37,653. |
| 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 | 37,653. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 37,800. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 37,800. |
| 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 | 37,800. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 147. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 147. |
| Direct deposit? See instructions. | b Routing number 044000037 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 598256803 | | |
| | 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.

| | | |
|---|--|---|
| Joint return? See instructions. Keep a copy for your records. | Your signature _____ Date _____ Your occupation SOFTWARE DEVELOPER | 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 VALIDATION ENGINEER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____ |
| | Phone no. (234) 755-3602 | Email address ARJUN.RATHAN@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 03/01/2022 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| | Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | | Phone no. (678) 965-9522 |
| | | | | | Firm's EIN 30-1017196 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
ARJUN AILEENI & SHRAVYA GANGARAM

Your social security number
297-83-6659

Part I Additional Income

| | | | |
|-----------|---|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -16,925. |
| 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 | -16,925. |

Part II Adjustments to Income

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

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

ARJUN AILEENI & SHRAVYA GANGARAM

Your social security number

297-83-6659

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

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

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 5,199. | 5,385. | 63. | -123. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | 3,570. | 3,772. | | -202. |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | -325. |

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

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

Part III Summary

16 Combine lines 7 and 15 and enter the result **16** -325.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?
 Yes. Go to line 18.
 No. Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet ▶ **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet ▶ **19**

20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?
 Yes. Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16. **Don't** complete lines 21 and 22 below.
 No. Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:
 • The loss on line 16; or
 • (\$3,000), or if married filing separately, (\$1,500) } **21** (325.)

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?
 Yes. Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16.
 No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return: **ARJUN AILEENI & SHRAVYA GANGARAM** Social security number or taxpayer identification number: **297-83-6659**

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

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

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

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

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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|--|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ROBINHOOD SECURITIES LLC | 06/24/21 | 06/24/21 | 5,199. | 5,385. | W | 63. | -123. |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ► | | | | | | | | |
| | | | | 5,199. | 5,385. | | 63. | -123. |

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

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return: **ARJUN AILEENI & SHRAVYA GANGARAM** Social security number or taxpayer identification number: **297-83-6659**

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

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

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

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

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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|--|--|--|--|--------------------------------|---|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ROBINHOOD CRYPTO LLC | 05/23/21 | 06/29/21 | 3,570. | 3,772. | | | -202. |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ► | | | | 3,570. | 3,772. | | | -202. |

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

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss
(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.

OMB No. 1545-0074

2021

Attachment
Sequence No. **13**

Name(s) shown on return

ARJUN AILEENI & SHRAVYA GANGARAM

Your social security number

297-83-6659

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

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

| | |
|-----------|--|
| 1a | Physical address of each property (street, city, state, ZIP code) |
| A | FLAT NO 102, DWARAKANIVAS APT,, ROAD NO: 4A DILSUKHNAGAR, HYDERABAD, TELANGANA IN 500060 |
| B | |
| C | |

| 1b | Type of Property (from list below) | 2 | Fair Rental Days | Personal Use Days | QJV |
|-----------|------------------------------------|---|------------------|-------------------|--------------------------|
| A | 3 | 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. | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | C | | <input type="checkbox"/> |

Type of Property:

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

| Income: | Properties: | A | B | C |
|---|--------------------|-------------|----------|----------|
| 3 Rents received | 3 | 750. | | |
| 4 Royalties received | 4 | | | |
| Expenses: | | | | |
| 5 Advertising | 5 | 190. | | |
| 6 Auto and travel (see instructions) | 6 | 400. | | |
| 7 Cleaning and maintenance | 7 | 900. | | |
| 8 Commissions | 8 | | | |
| 9 Insurance | 9 | | | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | 1,350. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 Other interest | 13 | 4,525. | | |
| 14 Repairs | 14 | 4,580. | | |
| 15 Supplies | 15 | 3,200. | | |
| 16 Taxes | 16 | | | |
| 17 Utilities | 17 | 2,530. | | |
| 18 Depreciation expense or depletion | 18 | | | |
| 19 Other (list) ▶ | 19 | | | |
| 20 Total expenses. Add lines 5 through 19 | 20 | 17,675. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | -16,925. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (16,925.) | () | () |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | | 750. | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | | |
| e Total of all amounts reported on line 20 for all properties | 23e | | 17,675. | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (16,925.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | -16,925. |

For Paperwork Reduction Act Notice, see the separate instructions. NPA -16,925. Schedule E (Form 1040) 2021

Health Savings Accounts (HSAs)

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

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 297-83-6659

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 type="checkbox"/> Self-only | <input checked="" 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 | 0. |
| 3 | If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others , see the instructions for the amount to enter | 3 | 7,200. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 7,200. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter | 6 | 7,200. |
| 7 | If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions | 7 | |
| 8 | Add lines 6 and 7 | 8 | 7,200. |
| 9 | Employer contributions made to your HSAs for 2021 | 9 | 1,527. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 1,527. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 5,673. |
| 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 | 0. |

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 | |
| 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 | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e | 16 | |
| 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 | |

Your first name, middle initial, and last name ARJUN AILEENI

Spouse's first name, middle initial, and last name SHRAVYA GANGARAM

Your Social Security Number 297-83-6659

Spouse's Social Security Number 774-38-0035

Home address, City, State, ZIP 10980 OAK STREET, NE, UNIT 1107 SAINT PETERSBURG FL 33716

| Part I Tax Return Information | B. Spouse (filing status 3) | | A. You or Joint | |
|--|---|------------------|--------------------|------------------|
| | 1. Iowa Net Income (IA 1040, line 26 A & B) | 1B | <u>110,445</u> .00 | 1A |
| 2. Total Tax (IA 1040, line 42 A & B) | 2B | <u>5,929</u> .00 | 2A | <u>7,073</u> .00 |
| 3. Iowa Income Tax Withheld (IA 1040, line 63 A & B) | 3B | .00 | 3A | <u>903</u> .00 |
| 4. Amount to be Refunded (IA 1040, line 68) | | | 4. | .00 |
| 5. Total Amount Due (IA 1040, line 73) | | | 5. | <u>96</u> .00 |

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

- 6. I do not want direct deposit or direct debit.
- 7. I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at 515-281-3114 or idrft@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: _____

Routing Number | | | | | The first two digits must be 01 through 12 or 21 through 32.

Account Number | | | | | | | | | | | | | | | |

Type of Account: Savings Checking

Will this refund go to (or payment come from) an account outside the United States? Yes No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2021 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

| | | | |
|----------------------|------------|---|------------|
| Your Signature _____ | Date _____ | Spouse Signature If a joint return, both must sign. _____ | Date _____ |
|----------------------|------------|---|------------|

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

| ERO Signature | Date | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO PTIN |
|--|------------------------|--|---|--|
| Firm's name (or yours if self-employed) Address, City, State, ZIP <u>GLOBAL TAXES LLC</u> <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u> | | | | FEIN <u>30-1017196</u> Phone Number <u>(678) 965-9522</u> |
| Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u> | Date <u>03/01/2022</u> | Check if self-employed <input type="checkbox"/> | | Preparer PTIN <u>P02082703</u> |
| Firm's name (or yours if self-employed) Address, City, State, ZIP <u>GLOBAL TAXES LLC</u> <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u> | | | | FEIN <u>30-1017196</u> Phone Number <u>(678) 965-9522</u> |

Save time, file returns and pay online at tax.iowa.gov.

Instructions for Payment Vouchers

1. Complete using blue or black ink. Do not use gel pens or red ink on checks. **Do not staple.**
2. **SSN:** Enter the Social Security Number in the boxes provided below.
3. **Period ending:** Enter the date of the calendar or fiscal year end. Use MMDDYY format. MM: two-digit month. DD: two-digit day. YY: last two digits of the tax year. The period ending for December 31, 2021, would be entered as: 123121.
4. **Payment amount:** Enter dollars and cents. The two boxes separated to the right on the amount line are for cents. Do not enter any punctuation or symbols (for example ", or \$").
5. When paying by check, **make checks payable to** Iowa Department of Revenue.
6. Mail your payment on or before the due date with this voucher to:

Iowa Department of Revenue
PO Box 9187
Des Moines IA 50306-9187

cut here

Iowa Department of Revenue

INT REV 02/19/22 PRO

IA 1040V
Individual Income Tax Payment Voucher

200629783665981231216216 0

Print name: AILEENI ARJUN
(Last, first MI)

Address: 10980 OAK STREET, NE, UNIT 1107

City, state, ZIP: SAINT PETERSBURG FL 33716

Phone: 234-755-3602

SSN:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 2 | 9 | 7 | 8 | 3 | 6 | 6 | 5 | 9 |
|---|---|---|---|---|---|---|---|---|

Period ending:

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

Payment amount:

| | | | | | | | |
|--|--|--|--|---|---|---|---|
| | | | | 9 | 6 | 0 | 0 |
|--|--|--|--|---|---|---|---|

Mail to:
Iowa Department of Revenue
PO Box 9187
Des Moines IA 50306-9187

Make checks payable to:
Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 41-137 (09/10/2021)



2021 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning _____/_____/_____ and ending _____/_____/_____

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Your last name: AILEENI Your first name/middle initial: ARJUN
 Spouse's last name: GANGARAM Spouse's first name/middle initial: SHRAVYA
 Current mailing address (number and street, apartment, lot, or suite number) or PO Box:
10980 OAK STREET, NE, UNIT 1107
 City, State, ZIP:
SAINT PETERSBURG FL 33716
 Spouse SSN: 774-38-0035 Your SSN: 297-83-6659



Step 2 Filing Status: Mark one box only

| | | |
|---|---|--|
| 1 | Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input type="checkbox"/> | Email Address: |
| 2 | Married filing a joint return. (Two-income families may benefit by using status 3 or 4.) | check this box if you or your spouse were 65 or older as of 12/31/21. <input type="checkbox"/> |
| 3 | <input checked="" type="checkbox"/> Married filing separately on this combined return. Spouse use column B. | Residence on 12/31/21 county No. <u>77</u> School District No. <u>6957</u> |
| 4 | Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____ | |
| 5 | Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below. | |
| 6 | Qualifying widow(er) with dependent child. Name: _____ SSN: _____ | |

Step 3 Exemptions

| | B. Spouse (Filing Status 3 ONLY) | A. You or Joint |
|--|-----------------------------------|---------------------------------|
| a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3..... ▲ | <u>1</u> X \$ 40 = \$ <u>40</u> ▲ | <u>1</u> X \$ 40 = \$ <u>40</u> |
| b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind..... ▲ | X \$ 20 = \$ _____ ▲ | X \$ 20 = \$ _____ |
| c. Dependents: Enter 1 for each dependent..... ▲ | X \$ 40 = \$ _____ ▲ | X \$ 40 = \$ _____ |
| d. Enter first names of dependents here _____ | e. Total \$ <u>40</u> | e. Total \$ <u>40</u> |

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

B. Spouse/Status 3 ▲ A. You or Joint ▲

| | B. Spouse/Status 3 | A. You or Joint | B. Spouse/Status 3 | A. You or Joint |
|---|---------------------|-------------------|--------------------|-----------------|
| Step 5 Gross Income | | | | |
| 1. Wages, salaries, tips, etc..... | <u>110,445.00</u> | <u>139,219.00</u> | | |
| 2. Taxable interest income. If more than \$1,500, complete Sch. B..... | <u>.00</u> | <u>.00</u> | | |
| 3. Ordinary dividend income. If more than \$1,500, complete Sch. B.... | <u>.00</u> | <u>2.00</u> | | |
| 4. Taxable alimony received..... | <u>.00</u> | <u>.00</u> | | |
| 5. Business income/(loss). See instructions..... | <u>.00</u> | <u>.00</u> | | |
| 6. Capital gain/(loss). See instructions..... | <u>.00</u> | <u>-325.00</u> | | |
| 7. Other gains/(losses). See instructions..... | <u>.00</u> | <u>.00</u> | | |
| 8. Taxable IRA distributions..... | <u>.00</u> | <u>.00</u> | | |
| 9. Taxable pensions and annuities..... | <u>.00</u> | <u>.00</u> | | |
| 10. Rents, royalties, partnerships, estates, etc. See instructions..... | <u>.00</u> | <u>-16,925.00</u> | | |
| 11. Farm income/(loss). See instructions..... | <u>.00</u> | <u>.00</u> | | |
| 12. Unemployment compensation. See instructions..... | <u>.00</u> | <u>.00</u> | | |
| 13. Gambling winnings..... | <u>.00</u> | <u>.00</u> | | |
| 14. Other income, bonus depreciation, and section 179 adjustment..... | <u>.00</u> | <u>.00</u> | | |
| 15. Gross Income. Add lines 1-14..... | <u>110,445.00</u> ▲ | <u>121,971.00</u> | | |
| Step 6 Adjustments to Income | | | | |
| 16. Payments to an IRA, Keogh, or SEP..... | <u>.00</u> | <u>.00</u> | | |
| 17. Deductible part of self-employment tax..... | <u>.00</u> | <u>.00</u> | | |
| 18. Health insurance premium..... | <u>.00</u> | <u>.00</u> | | |
| 19. Penalty on early withdrawal of savings..... | <u>.00</u> | <u>.00</u> | | |
| 20. Alimony paid..... | <u>.00</u> | <u>.00</u> | | |
| 21. Pension/retirement income exclusion..... ▲ | <u>.00</u> | <u>.00</u> | | |
| 22. Moving expense deduction from federal form 3903..... | <u>.00</u> | <u>.00</u> | | |
| 23. Iowa capital gain deduction. Must include corresponding IA 100 schedule..... ▲ | <u>.00</u> | <u>.00</u> | | |
| 24. Other adjustments..... | <u>.00</u> | <u>.00</u> | | |
| 25. Total adjustments. Add lines 16-24..... | <u>.00</u> ▲ | <u>.00</u> | | |
| 26. Net Income. Subtract line 25 from line 15..... | <u>110,445.00</u> ▲ | <u>121,971.00</u> | | |
| Step 7 Federal Taxes and Qualified Deductions | | | | |
| 27. Federal income tax refund/overpayment received in 2021..... ▲ | <u>2,188.00</u> ▲ | <u>7,011.00</u> | | |
| 28. Self-employment/household employment/other federal taxes..... ▲ | <u>.00</u> ▲ | <u>.00</u> | | |
| 29. Addition for federal taxes. Add lines 27 and 28..... | <u>2,188.00</u> | <u>7,011.00</u> | | |
| 30. Total. Add lines 26 and 29..... | <u>112,633.00</u> | <u>128,982.00</u> | | |
| 31. Federal tax withheld in 2021, federal estimated tax payments made in 2021, and federal taxes paid in 2021 for 2020 and prior years..... ▲ | <u>17,443.00</u> ▲ | <u>20,357.00</u> | | |
| 32. Qualified business income deduction. 50.0% (.50) of federal amount. See instructions..... ▲ | <u>.00</u> ▲ | <u>.00</u> | | |
| 33. DPAD 199A(g) deduction. 50.0% (.5) of federal amount..... ▲ | <u>.00</u> ▲ | <u>.00</u> | | |
| 34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33..... | <u>17,443.00</u> | <u>20,357.00</u> | | |
| 35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2..... | <u>95,190.00</u> ▲ | <u>108,625.00</u> | | |

NOTE: Use only blue or black ink, no pencils or red ink.



2021 IA 1040, page 2

Table with 5 columns: Step 8 Taxable Income, B. Spouse/Status 3, A. You or Joint, B. Spouse/Status 3, A. You or Joint. Rows 36-38 showing BALANCE, Deduction, and TAXABLE INCOME.

Table with 5 columns: Step 9 Tax, Credits, and Check-off Contributions, B. Spouse/Status 3, A. You or Joint, B. Spouse/Status 3, A. You or Joint. Rows 39-58 showing various taxes and credits.

Table with 5 columns: Step 10 Credits, B. Spouse/Status 3, A. You or Joint, B. Spouse/Status 3, A. You or Joint. Rows 59-66 showing tax credits and withholdings.

Table with 5 columns: Step 11 Refund, B. Spouse/Status 3, A. You or Joint, B. Spouse/Status 3, A. You or Joint. Rows 67-69 showing refund amounts and routing/account numbers.

Table with 5 columns: Step 12 Pay, B. Spouse/Status 3, A. You or Joint, B. Spouse/Status 3, A. You or Joint. Rows 70-73 showing tax amounts due.

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE section with signature lines for taxpayer and preparer, including dates, check if deceased, and contact information.

This return is due May 2nd, 2022. Sign, enclose W-2s, and verify SSNs. MAILING ADDRESS: Iowa Income Tax Document Processing, PO BOX 9187, Des Moines IA 50306-9187 Make check payable to Iowa Department of Revenue



Name(s): ARJUN AILEENI & SHRAVYA GANGARAM

Social Security Number: 297-83-6659

Mark the appropriate box for you and your spouse

A nonresident of Iowa for all of 2021

B. Spouse

A. You or Joint

▲

▲

A part-year resident of Iowa during 2021

▲

▲

Date moved into Iowa: _____

Date moved out of Iowa: _____

A full-year resident of Iowa during 2021

Iowa-Source Income

| | B. Spouse | A. You or Joint |
|---|-----------------------|-------------------|
| 1. Wages, salaries, tips, etc. | 1. _____ .00 | _____ 17,261.00 |
| 2. Taxable interest income | _____ .00 | _____ .00 |
| 3. Ordinary dividend income..... | 3. _____ .00 | _____ 0.00 |
| 4. Taxable alimony received..... | _____ .00 | _____ .00 |
| 5. Business income or (loss) | 5 _____ .00 | _____ .00 |
| 6. Capital gain or (loss) | 6 _____ .00 | _____ 0.00 |
| 7. Other gains or (losses)..... | 7. _____ .00 | _____ .00 |
| 8. Taxable IRA distributions | 8 _____ .00 | _____ .00 |
| 9. Taxable pensions and annuities..... | 9. _____ .00 | _____ .00 |
| 10. Rents, royalties, partnerships, estates, etc..... | 10. _____ .00 | _____ 0.00 |
| 11. Farm income or (loss) | 11. _____ .00 | _____ .00 |
| 12. Unemployment compensation..... | 12. _____ .00 | _____ .00 |
| 13. Gambling winnings | 13. _____ .00 | _____ .00 |
| 14. Other income, bonus depreciation, and section 179 adjustment..... | 14. _____ .00 | _____ .00 |
| 15. Iowa gross income. Add lines 1-14 | 1 _____ .00 | ▲ _____ 17,261.00 |
| 16. Payments to an IRA, Keogh, or SEP..... | 16. _____ .00 | _____ .00 |
| 17. Deductible part of self-employment tax..... | 17. _____ .00 | _____ .00 |
| 18. Health insurance premium | 1 _____ .00 | _____ .00 |
| 19. Penalty on early withdrawal of savings | _____ .00 | _____ .00 |
| 20. Alimony paid | 20. _____ .00 | _____ .00 |
| 21. Pension/retirement income exclusion..... | 21. _____ .00 | _____ .00 |
| 22. Moving expense deduction into Iowa only | 22. _____ .00 | _____ .00 |
| 23. Iowa capital gain deduction | 23. _____ .00 | _____ .00 |
| 24. Other adjustments..... | 24. _____ .00 | _____ 0.00 |
| 25. Total adjustments. Add lines 16-24 | 25. _____ .00 | ▲ _____ 0.00 |
| 26. Iowa net income. Subtract line 25 from line 15 | 26. _____ .00 | _____ 17,261.00 |
| 27. All-source net income from IA 1040, line 26..... | 27. _____ 110,445 .00 | _____ 121,971.00 |
| 28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0% | 28. _____ 0.0 % | _____ 14.2 % |
| 29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0% | 29. _____ 100.0 % | _____ 85.8 % |
| 30. Iowa tax on total income from IA 1040, line 39 | 30. _____ 5,929 .00 | _____ 7,073.00 |
| 31. Total credits from IA 1040 line 46..... | 31. _____ 40 .00 | _____ 40.00 |
| 32. Tax after credits. Subtract line 31 from line 30 | 32. _____ 5,889 .00 | _____ 7,033.00 |
| 33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48..... | 33. _____ 5,889 .00 | _____ 6,034.00 |

