Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**

▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	**Social security number**
SREEHARSHA GURRAM	899-25-2650
Spouse's name	**Spouse's social security number**

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	54,492.
2	Total tax	2	2,902.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	8,278.
4	Amount you want refunded to you	4	5,376.
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 (**ERO firm name**) to enter or generate my PIN 5 2 6 5 0 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶ ______________________ Date ▶ ______________

Spouse's PIN: check one box only

☐ I authorize ______________ (**ERO firm name**) to enter or generate my PIN ☐☐☐☐☐ (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ▶ Date ▶

Practitioner PIN Method Returns Only—continue below

Part III **Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 ☐☐☐☐☐

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

Form **1040** Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return **2021**
OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.

☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

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	Last name	Your social security number
SREEHARSHA	GURRAM	899-25-2650
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
150 COBIA DR		4101
City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
KATY	TX	77494
Foreign country name	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 ▶ ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✔ if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

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 *Standard Deduction*, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	60,426.
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a 2.	b Ordinary dividends	3b	2.
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			7	294.
8	Other income from Schedule 1, line 10			8	-6,230.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶			9	54,492.
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income** ▶			11	54,492.
12a	**Standard deduction or itemized deductions** (from Schedule A)	12a	12,550.		
b	Charitable contributions if you take the standard deduction (see instructions)	12b	300.		
c	Add lines 12a and 12b			12c	12,850.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12c and 13			14	12,850.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-			15	41,642.

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐			16	4,902.
17	Amount from Schedule 2, line 3			17	
18	Add lines 16 and 17			18	4,902.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812			19	
20	Amount from Schedule 3, line 8			20	2,000.
21	Add lines 19 and 20			21	2,000.
22	Subtract line 21 from line 18. If zero or less, enter -0-			22	2,902.
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	2,902.
25	Federal income tax withheld from:				
a	Form(s) W-2	25a	8,278.		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	8,278.
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 ▶ ☐				
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	8,278.

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

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** — 34: 5,376.

35a Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐ — 35a: 5,376.

Direct deposit? See instructions.

▶ b Routing number 121000358 ▶ c Type: ☒ Checking ☐ Savings

▶ d Account number 325127413404

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

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
		SOFTWARE ENGINEER	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶
Phone no. (510)320-1588	Email address HARSHA.GURAM@GMAIL.COM		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/20/2022	P02082703	☐ Self-employed
Firm's name ▶ GLOBAL TAXES LLC			Phone no. (678)965-9522	
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041			Firm's EIN ▶ 30-1017196	

SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
SREEHARSHA GURRAM	899-25-2650

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	0.
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions) ▶				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	-6,230.
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	-6,230.

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 3 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2021

Attachment Sequence No. **03**

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

Your social security number: 899-25-2650

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	
3	Education credits from Form 8863, line 19			3	2,000.
4	Retirement savings contributions credit. Attach Form 8880			4	
5	Residential energy credits. Attach Form 5695			5	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
z	Other nonrefundable credits. List type and amount ▶	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	2,000.

(continued on page 2)

Part 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:				
a	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			
c	Health coverage tax credit from Form 8885	13c			
d	Credit for repayment of amounts included in income from earlier years	13d			
e	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-SR, or 1040-NR, line 31			15	

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

► 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.

OMB No. 1545-0074

2021

Attachment Sequence No. **12**

Name(s) shown on return: SREEHARSHA GURRAM

Your social security number: 899-25-2650

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	193.	153.		40.
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked	241.	107.		134.

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	7	174.

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	276.	156.		120.
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	120.

Part III **Summary**

16 Combine lines 7 and 15 and enter the result . . . . **16** 294.

- 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** (   )

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.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ 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.

OMB No. 1545-0074

2021

Attachment Sequence No. **12A**

Name(s) shown on return	Social security number or taxpayer identification number
SREEHARSHA GURRAM	899-25-2650

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 *Column (e)* 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.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) and combine the result with column (g)
Robinhood Securities LLC		12/31/21	193.	153.			40.
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) ▶			193.	153.			40.

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side: SREEHARSHA GURRAM

Social security number or taxpayer identification number: 899-25-2650

Before you check Box D, E, or F 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 II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- ☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ **(F)** Long-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 *Column (e)* 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.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) and combine the result with column (g)
Robinhood Securities LLC		12/31/21	276.	156.			120.
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 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ▶			276.	156.			120.

Note: If you checked Box D 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.

Form **8949** | Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► 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.

OMB No. 1545-0074 | 2021 | Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
SREEHARSHA GURRAM	899-25-2650

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 *Column (e)* 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.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) and combine the result with column (g)
ROBINHOOD CRYPTO LLC		12/31/21	241.	107.			134.
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) ►			241.	107.			134.

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	Your social security number
SREEHARSHA GURRAM	899-25-2650

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	H-NO 1-196, KAMMAVARIPALEM PAMUR(M) PRAKASAM,ANDHRA PRADESH IN 523110
B	
C	

1b	Type of Property (from list below)	**2** For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions.		**Fair Rental Days**	**Personal Use Days**	**QJV**
A	3		A	365	0	☐
B			B			☐
C			C			☐

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	650.		
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7	1,350.		
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11	1,250.		
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest	13			
14	Repairs	14	1,420.		
15	Supplies	15	1,510.		
16	Taxes	16			
17	Utilities	17	1,350.		
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	6,880.		
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	-6,230.		
22	Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	(6,230.)	( )	( )

23a	Total of all amounts reported on line 3 for all rental properties	23a	650.
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	6,880.
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	(6,230.)
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	-6,230.

Form **8863**

Department of the Treasury
Internal Revenue Service (99)

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.

OMB No. 1545-0074
2021
Attachment Sequence No. **50**

Name(s) shown on return: SREEHARSHA GURRAM
Your social security number: 899-25-2650

CAUTION: *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 I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, 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: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 1 by line 6. **Caution:** If you were under age 24 at the end of the year **and** meet the conditions described in the instructions, you **can't** take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box ▶ ☐	7	
8	**Refundable American opportunity credit.** Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	12,750.
11	Enter the smaller of line 10 or $10,000	11	10,000.
12	Multiply line 11 by 20% (0.20)	12	2,000.
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 the amount to enter	14	54,492.
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	35,508.
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 (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	2,000.
19	**Nonrefundable education credits.** Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	2,000.

Name(s) shown on return: SREEHARSHA GURRAM

Your social security number: 899-25-2650

CAUTION

Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) SREEHARSHA GURRAM	**21** Student social security number (as shown on page 1 of your tax return) 899-25-2650

22 Educational institution information (see instructions)

a. Name of first educational institution UNIVERSITY OF THE CUMBERLANDS	**b.** Name of second educational institution (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 WILLIAMSBURG KY 40769	**(1)** Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2021? ☒ Yes ☐ No	**(2)** Did the student receive Form 1098-T from this institution for 2021? ☐ Yes ☐ No
(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? ☐ Yes ☒ No	**(3)** Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? ☐ Yes ☐ No
(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. 61-0470593	**(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.

23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021?	☐ Yes — **Stop!** Go to line 31 for this student.	☒ 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.	☒ Yes — Go to line 25.	☐ No — **Stop!** Go to line 31 for this student.
25	Did the student complete the first 4 years of postsecondary education before 2021? See instructions.	☒ Yes — **Stop!** Go to line 31 for this student.	☐ No — 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?	☐ Yes — **Stop!** Go to line 31 for this student.	☐ No — Complete lines 27 through 30 for this student.

CAUTION *You **can't** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.*

American Opportunity Credit

27	Adjusted qualified education expenses (see instructions). **Don't enter more than $4,000**	**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, add $2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	**30**	

Lifetime Learning Credit

31	Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	**31**	12,750.

Illinois Department of Revenue

2021 Form IL-1040

Individual Income Tax Return

or for fiscal year ending __ __/__ __

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

1988

899-25-2650

SREEHARSHA GURRAM

150 COBIA DR 4101

KATY TX 77494

HARSHA.GURAM@GMAIL.COM

B Filing status: ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Widowed ☐ Head of household

C Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. ☐ You ☐ Spouse

D Check the box if this applies to you during 2021: ☒ Nonresident - **Attach** Sch. NR ☐ Part-year resident - **Attach** Sch. NR

NO HANDWRITTEN ENTRIES ON THIS FORM

Step 2: Income

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	54,492.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. **Attach** Schedule M.	3	.00
4	**Total income**. Add Lines 1 through 3.	4	54,492.00

Step 3: Base Income

5	Social Security benefits and certain retirement plan income received if included in Line 1. **Attach** Page 1 of federal return.	5	.00		
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	.00		
7	Other subtractions. **Attach** Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. ☐	7	.00		
8	Add Lines 5, 6, and 7. This is the total of your subtractions.			8	.00
9	**Illinois base income**. Subtract Line 8 from Line 4.			9	54,492.00

Step 4: Exemptions

10	**a** Enter the exemption amount for yourself and your spouse. **See instructions.**	a	2,375.00		
	b Check if 65 or older: ☐ You + ☐ Spouse **# of checkboxes X** $1,000 **=**	b	.00		
	c Check if legally blind: ☐ You + ☐ Spouse **# of checkboxes X** $1,000 **=**	c	.00		
	d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. **Attach** Schedule IL-E/EIC.	d	0.00		
	Exemption allowance. Add Lines 10a through 10d.			10	2,375.00

Step 5: Net Income and Tax

11	***Residents:*** **Net income**. Subtract Line 10 from Line 9. ***Nonresidents and part-year residents:*** Enter the **Illinois net income** from Schedule NR. **Attach** Schedule NR.	11	11,755.00
12	***Residents:*** Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. ***Nonresidents and part-year residents:*** Enter the tax from Schedule NR.	12	582.00
13	Recapture of investment tax credits. **Attach** Schedule 4255.	13	.00
14	**Income tax.** Add Lines 12 and 13. Cannot be less than zero.	14	582.00

Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. **Attach** Schedule CR.	15	.00		
16	Property tax and K-12 education expense credit amount from Schedule ICR. **Attach** Schedule ICR.	16	.00		
17	Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C.	17	.00		
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.			18	0.00
19	**Tax after nonrefundable credits.** Subtract Line 18 from Line 14.			19	582.00

Step 7: Other Taxes

20	Household employment tax. See instructions.	20	.00
21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. **Do not** leave blank.	21	0.00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
23	**Total Tax**. Add Lines 19, 20, 21, and 22.	23	582.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

24	Total tax from Page 1, Line 23.		**24** 582.00

Step 8: Payments and Refundable Credit

25	Illinois Income Tax withheld. **Attach** Schedule IL-WIT.	**25** 589.00	
26	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.	**26** .00	
27	Pass-through withholding. **Attach** Schedule K-1-P or K-1-T.	**27** .00	
28	Pass-through entity tax credit. **Attach** Schedule K-1-P or K-1-T.	**28** .00	
29	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC.	**29** .00	
30	**Total payments and refundable credit**. Add Lines 25 through 29.		**30** 589.00

Step 9: Total

31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	**31** 7.00
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	**32** .00

Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

33 Late-payment penalty for underpayment of estimated tax. **33** .00

- **a** ☐ Check if at least two-thirds of your federal gross income is from farming.
- **b** ☐ Check if you or your spouse are 65 or older and permanently living in a nursing home.
- **c** ☐ Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. **Attach** Form IL-2210.
- **d** ☐ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.

34 Voluntary charitable donations. **Attach** Schedule G. **34** .00

35 **Total penalty and donations**. Add Lines 33 and 34. **35** .00

Step 11: Refund

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your **overpayment**. **36** 7.00

37 Amount from Line 36 you want **refunded to you**. Check **one** box on Line 38. See instructions. **37** 7.00

38 I choose to receive my refund by

a ☒ **direct deposit** - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number 1 2 1 0 0 0 3 5 8 ☒ Checking or ☐ Savings

Account number 3 2 5 1 2 7 4 1 3 4 0 4

b ☐ **paper check.**

39 Amount to be **credited forward.** Subtract Line 37 from Line 36. See instructions. **39** .00

Step 12: Amount You Owe

40 If you have an amount on Line 32, add Lines 32 and 35. **- or -** If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the **amount you owe**. See instructions. **40** .00

Step 13: If this is a joint return, both you and your spouse must sign below.
Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number (510) 320-1588
Paid Preparer Use Only	Print/Type paid preparer's name: SYAM PRIYA RAM SAGAR GUPTA TALLAM		Paid preparer's signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date (mm/dd/yyyy): 02/20/2022	☐ Check if self-employed; Paid Preparer's PTIN: P02082703
	Firm's name ▸ GLOBAL TAXES LLC			Firm's FEIN ▸	301017196
	Firm's address ▸ 2530 Pebble Creek LnCumming GA 30041			Firm's phone ▸	(678) 965-9522
Third Party Designee	Designee's name (please print)		Designee's phone number ( )		☐ Check if the Department may discuss this return with the third party designee shown in this step.

Refer to the 2021 IL-1040 Instructions for the address to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM

Illinois Department of Revenue

2021 Schedule NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident Computation of Illinois Tax

IL Attachment No. 2

SREEHARSHA GURRAM — Your name as shown on your Form IL-1040

8 9 9 - 2 5 - 2 6 5 0 — Your Social Security number

Step 1: Provide the following information

1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?

☐ Yes ☒ No If you answered "Yes," STOP you cannot use this form (see instructions).

2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2021.

a I lived in **Illinois** from __/__/21 to __/__/21 (Month Day Year) I lived in ______ (State) from __/__/21 to __/__/21 (Month Day Year)

b My spouse lived in **Illinois** from __/__/21 to __/__/21 (Month Day Year), and ______ (State) from __/__/21 to __/__/21 (Month Day Year)

3 If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.

☐ Iowa ☐ Kentucky ☐ Michigan ☐ Wisconsin ☐ Military Spouse

4 List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2021. Enter the two-letter abbreviation of that state.

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

Income

			Column A Federal Total	Column B Illinois Portion
5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5	60,426.00	12,292.00
6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6	.00	.00
7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7	2.00	0.00
8	Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8	.00	.00
9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9	.00	.00
10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10	.00	.00
11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11	294.00	0.00
12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12	.00	.00
13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13	.00	.00
14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14	.00	.00
15	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15	-6,230.00	0.00
16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16	.00	.00
17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17	.00	.00
18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18	.00	.00
19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Include winnings from the **Illinois State Lottery** as Illinois income in Column B.	19	.00	.00
20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20		12,292.00

Continue with Step 3 on Page 2

Step 3: Continued

Adjustments to Income

			Column A Federal Total	Column B Illinois Portion
21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21		12,292.00
22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.00
23	Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00	.00
24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00	.00
25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	25	.00	.00
26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26	.00	.00
27	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27	.00	.00
28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28	.00	.00
29	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	29	.00	.00
30	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30	.00	.00
31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31	.00	.00
32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	.00
33	RESERVED	33		
34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00	.00
35	Other adjustments (see instructions)	35	.00	.00
36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36		.00
37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	54,492.00	
38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38		12,292.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

Illinois Adjustments

			Column A Form IL-1040 Total	Column B Illinois Portion
39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	.00
40	Other additions (Form IL-1040, Line 3)	40	.00	.00
41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41		12,292.00
42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
43	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45		.00

Step 5: Figure your Illinois income and tax

Tax Calculations

46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter “0” on Line 52.	46		12,292.00
47	Enter the base income from Form IL-1040, Line 9.	47	54,492.00	
48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 226	
49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,375.00	
50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50		537.00
51	Subtract Line 50 from Line 46. This is your **Illinois net income**. Enter the amount here and on your Form IL-1040, Line 11. ➡	51		11,755.00
52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your **tax.** ➡	52		582.00

Illinois Department of Revenue

2021 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. **IL Attachment No. 31**

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

SREEHARSHA GURRAM
Your name as shown on Form IL-1040

8 9 9 - 2 5 - 2 6 5 0
Your Social Security number

	Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1	W	20-5923714 000	$ 60,426.00	$ 12,292.00	$ 589.00
2			$ .00	$ .00	$ .00
3			$ .00	$ .00	$ .00
4			$ .00	$ .00	$ .00
5			$ .00	$ .00	$ .00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

	Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6			$ .00	$ .00	$ .00
7			$ .00	$ .00	$ .00
8			$ .00	$ .00	$ .00
9			$ .00	$ .00	$ .00
10			$ .00	$ .00	$ .00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25. **11 $** 589.00

Attach all Schedules IL-WIT to your IL-1040.

Illinois Department of Revenue

Submission ID: ______ - ________ - _______

2021 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(**Do not mail** Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Print or type

First name and middle initial: SREEHARSHA; Spouse's first name (and last name if different): ; Last name: GURRAM	Social Security number: 8 9 9 - 2 5 - 2 6 5 0
Mailing address: 150 COBIA DR 4101	Spouse's Social Security number: ___ - ___ - ___
City: KATY; State: TX; ZIP: 77494	Daytime phone number: (510) 320-1588

Step 2: Complete information from tax return

1	Net income from Form IL-1040, Line 11	1	11,755 | 00
2	Tax from Form IL-1040, Line 14	2	582 | 00
3	Illinois Income Tax withheld from Form IL-1040, Line 25 **only** (enter **"0"** if none)	3	589 | 00
4	Overpayment from Form IL-1040, Line 36	4	7 | 00
5	Total amount due from Form IL-1040, Line 40	5	| 00

6 Filing status: X Single ___ Married filing jointly ___ Married filing separately ___ Widowed ___ Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (*e.g.,* debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 1 2 1 0 0 0 3 5 8

8 Account no. (AN): 3 2 5 1 2 7 4 1 3 4 0 4

9 Type of account: X Checking ___ Savings

10 Date the payment is to be electronically withdrawn: ___/___/______

11 Electronic funds withdrawal amount: ____________ | 00

12 Name on account: ______________________________

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [x] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. 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 Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2021 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- [ ] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here

Your signature ______ Date ______ Spouse's signature (if joint return, **both** must sign) ______ Date ______

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO use only

ERO's signature: ______; Date: 02/20/2022	**Check if paid preparer:** ☒ (See instructions.)
Firm's name or your name if self-employed: GLOBAL TAXES LLC	Your PTIN: P 0 2 0 8 2 7 0 3
Mailing address: 2530 Pebble Creek Ln	Federal employer identification number (FEIN): 3 0 - 1 0 1 7 1 9 6
City: Cumming; State: GA; ZIP: 30041	Daytime phone number: (678) 965-9522

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2021**

California e-file Signature Authorization for Individuals

FORM **8879**

Your name	Your SSN or ITIN
SREEHARSHA GURRAM	899-25-2650
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I **Tax Return Information** (whole dollars only)

1	California adjusted gross income (AGI). See instructions	1	54,492.
2	Amount You Owe. See instructions	2	
3	Refund or No Amount Due. See instructions	3	1,204.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax 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 information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC to enter my PIN 5 2 6 5 0
ERO firm name **Do not enter all zeros**

as my signature on my 2021 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. 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/RDP's PIN: check one box only

☐ I authorize ____________ to enter my PIN ☐☐☐☐☐
ERO firm name **Do not enter all zeros**

as my signature on my 2021 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. 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/RDP's signature ▶ ____________ Date ▶ ____________

Practitioner PIN Method Returns Only -- continue below

Part III **Certification and Authentication — Practitioner PIN Method Only**

ERO's Electronic Filer Identification Number (EFIN)/PIN.
Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return 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 FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers.

ERO's signature ▶ ____________ Date ▶ 02/20/2022

TAXABLE YEAR

FORM

2021 California Resident Income Tax Return 540

APE ATTACH FEDERAL RETURN

899-25-2650 GURR 21
SREEHARSHA GURRAM

150 COBIA DR APT 4101
KATY TX 77494

10-23-1988

Principal Residence

Enter your county at time of filing (see instructions)

ALAMEDA

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . [X]

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . [ ]

1 [X] Single
4 [ ] Head of household (with qualifying person). See instructions.
2 [ ] Married/RDP filing jointly. See inst.
5 [ ] Qualifying widow(er). Enter year spouse/RDP died. See instructions.
3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst . . . . 6 [ ]

Exemptions

For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.	7 1	X $129 =	$ 129
8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2.	8	X $129 =	$
9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions.	9	X $129 =	$

Your name: GURRAM Your SSN or ITIN: 899-25-2650

10 Dependents: Do not include yourself or your spouse/RDP.

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instructions.			
Dependent's relationship to you			

Total dependent exemptions . . . . 10 [ ] X $400 = $ [ ]

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 . . . . . . 11 $ 129

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 . . . . . . 12 60426 .00

13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 13	54492 .00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B 14	0 .00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15	54492 .00
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C 16	.00
17	California adjusted gross income. Combine line 15 and line 16 17	54492 .00
18	Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately. . . . . . $4,803 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . . $9,606 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions 18	4803 .00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- 19	49689 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule [ ] FTB 3800 [ ] FTB 3803 31	1774 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $212,288, see instructions. 32	129 .00
33	Subtract line 32 from line 31. If less than zero, enter -0- 33	1645 .00
34	Tax. See instructions. Check the box if from: [ ] Schedule G-1 [ ] FTB 5870A . . 34	.00
35	Add line 33 and line 34 35	1645 .00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. 40	.00
43	Enter credit name OTHER STATE code 187 and amount. . . 43	371 .00
44	Enter credit name code and amount. . . 44	.00

Your name: GURRAM Your SSN or ITIN: 899-25-2650

Special Credits

45	To claim more than two credits. See instructions. Attach Schedule P (540)	45	.00
46	Nonrefundable Renter's Credit. See instructions	46	.00
47	Add line 40 through line 46. These are your total credits	47	371 .00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	1274 .00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61	.00
62	Mental Health Services Tax. See instructions	62	.00
63	Other taxes and credit recapture. See instructions	63	.00
64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions.	64	.00
65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	65	1274 .00

Payments

71	California income tax withheld. See instructions	71	2478 .00
72	2021 CA estimated tax and other payments. See instructions	72	.00
73	Withholding (Form 592-B and/or 593). See instructions	73	.00
74	Excess SDI (or VPDI) withheld. See instructions	74	.00
75	Earned Income Tax Credit (EITC)	75	.00
76	Young Child Tax Credit (YCTC). See instructions	76	.00
77	Net Premium Assistance Subsidy (PAS). See instructions	77	.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	2478 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if: [X] No use tax is owed. [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage. ● [X]
If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 .00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	2478 .00
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	94	.00
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	95	2478 .00
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92.	96	.00

Your name: GURRAM Your SSN or ITIN: 899-25-2650

Overpaid Tax/Tax Due

97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	97	1204	.00
98	Amount of line 97 you want applied to your **2022** estimated tax	98	0	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	99	1204	.00
100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	100		.00

Contributions

	Code	**Amount**	
California Seniors Special Fund. See instructions	400		.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401		.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403		.00
California Breast Cancer Research Voluntary Tax Contribution Fund	405		.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	406		.00
Emergency Food for Families Voluntary Tax Contribution Fund	407		.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	408		.00
California Sea Otter Voluntary Tax Contribution Fund	410		.00
California Cancer Research Voluntary Tax Contribution Fund	413		.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	422		.00
State Parks Protection Fund/Parks Pass Purchase	423		.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424		.00
Keep Arts in Schools Voluntary Tax Contribution Fund	425		.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	431		.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438		.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439		.00
Rape Kit Backlog Voluntary Tax Contribution Fund	440		.00
Schools Not Prisons Voluntary Tax Contribution Fund	443		.00
Suicide Prevention Voluntary Tax Contribution Fund	444		.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	445		.00
California Community and Neighborhood Tree Voluntary Tax Contribution Fund	446		.00
110 Add code 400 through code 446. This is your total contribution	110		.00

Your name: GURRAM Your SSN or ITIN: 899-25-2650

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● **111** .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . **112** .00

113 Underpayment of estimated tax.
Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** . . . . ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . **114** .00

Refund and Direct Deposit

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**. . . . . . ● **115** 1204 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number: 121000358
● Type: ☒ Checking ☐ Savings
● Account number: 325127413404
● **116** Direct deposit amount: 1204 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number:
● Type: ☐ Checking ☐ Savings
● Account number:
● **117** Direct deposit amount: .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? (See instructions)

◉ Your email address. Enter only one email address.

◉ Preferred phone number: 5103201588

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**
SYAM PRIYA RAM SAGAR GUPTA TALLAM

Firm's name (or yours, if self-employed): GLOBAL TAXES LLC

● PTIN: P02082703

Firm's address: 2530 PEBBLE CREEK LN CUMMING GA 30041

● Firm's FEIN: 301017196

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . . . ● ☐ Yes ☒ No

Print Third Party Designee's Name | Telephone Number

TAXABLE YEAR

2021 Other State Tax Credit

CALIFORNIA SCHEDULE

S

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
S R E E H A R S H A G U R R A M	899252650

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
WAGES, SALARIES, TIPS	12,292.	12,292.
1 Total double-taxed income	12,292.	12,292.

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability. See instructions	2	1,645. 00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	3	12,292. 00
4 California adjusted gross income. See instructions	4	54,492. 00
5 Divide line 3 by line 4. Do not enter more than 1.0000	5	0.2256
6 Multiply line 2 by line 5	6	371. 00
7 Income tax liability paid to other state (use state's abbreviation) IL See instructions	7	582. 00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	8	12,292 00
9 Adjusted gross income taxable by other state. See instructions	9	12,292. 00
10 Divide line 8 by line 9. Do not enter more than 1.0000	10	1.0000
11 Multiply line 7 by line 10	11	582. 00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code **187**. See instructions	12	371. 00