(Rev. January 2021)

Department of the Treasury

# 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

internal Revenue Service		
Submission Identification Number (SID)		
Taxpayer's name	Social security	v number
MAHESHBABU CHELLU	786-11-	
Spouse's name		al security number
Part I Tax Return Information — Tax Year Ending December 31, 2021	(Enter year you ar	e 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
1 Adjusted gross income		1 84,307.
2 Total tax		2 11,473.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 12,192. 4 719
4 Amount you want refunded to you		<b>4</b> 719.
5 Amount you owe	t and keen a conv	-
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or a		<del>-</del>
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reaso for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accepayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancella business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or amen Electronic Funds Withdrawal Consent.	ze the U.S. Treasury ar ount indicated in the tal institution to debit the terminate the authorize ition requests must be ad in the processing of to the payment. I furth	Id its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only	1	7 0 6 8
X I authorize GLOBAL TAXES LLC to enter or ge		er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	dor	't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PI below.		
Your signature ▶	ate ▶	
Spouse's PIN: check one box only		
• —	enerate my PIN	as my
ERO firm name	-	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don	't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PI below.		
Spouse's signature ► Da	ate ▶	
Practitioner PIN Method Returns Only—continue		
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	3 6 1 9 8 9 or all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual ir authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providence.	ım submitting this retu	rn in accordance with the
ERO's signature ▶ Da	ate ▶	
ERO Must Retain This Form — See Instructi		

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nation is a child but not your dependent	ame of	ied filing separately your spouse. If you	` ′	_		, ,	_	, ,	` , ` ,
Your first name	and mi	iddle initial	Last na	ame					Your so	cial securi	ty number
MAHESHB	ABU		CHE	LLU					786-	11-706	8
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse	's social se	curity number
	•	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	l		on Campaign
250 MAII								215		here if you,	, or your ntly, want \$3
City, town, or p		ce. If you have a foreign address, also co	mplete :	spaces below.	Sta C'			code 5106	to go to	0,	Checking a
Foreign country	/ name			Foreign province/state	e/coun	ty	For	eign postal code	— ·		
At any time du	ring 20	021, did you receive, sell, exchange,	or othe	erwise dispose of a	ny fina	ancial interes	st in ar	y virtual curre	ncy?	☐ Yes	⊠ No
Standard Deduction	_	eone can claim:		_ '			t				
Age/Blindness	You:	Were born before January 2, 19	957 [	Are blind S	oouse	e: Was b	orn be	efore January 2	2, 1957	ls bl	lind
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relation		<b>(4)  ✓</b> if q	ualifies fo	r (see instru	,
If more	(1) Fi	irst name Last name		number to		to you	Child tax c		redit	Credit for ot	ther dependents
than four dependents.											<u> </u>
see instruction	s ——										<u> </u>
and check here ►											
	. 1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1		93 <b>,</b> 787.
Attach	2a	Tax-exempt interest	2a		b T	axable intere	est		. 2b	)	
Sch. B if	3a	Qualified dividends	3a		<b>b</b> (	Ordinary divid	dends		. 3b	)	
required.	4a	IRA distributions	4a			axable amoi			. 4t	)	
	5a	Pensions and annuities	5а		b T	axable amo	unt .		. 5b	)	
Standard	6a	Social security benefits	6a		b T	axable amo	unt .		. 6b	)	
Deduction for—	7	Capital gain or (loss). Attach Scheo	dule D	if required. If not red	quired	l, check here		▶[	7		
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, line	e 10		٠				. 8		-9,480.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8.	This is your <b>total in</b>	come				▶ 9		84,307.
Married filing	10	Adjustments to income from Schee	dule 1,	line 26					. 10	)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	your a	djusted gross inco	ome				<b>▶</b> 11	1	84,307.
widow(er),	12a	Standard deduction or itemized	•	-		1	I2a	12,55	0.		
\$25,100 • Head of	b	Charitable contributions if you take		•	,		I2b	30			
household, \$18,800	C	Add lines 12a and 12b							. 12	С	12,850.
If you checked	13	Qualified business income deducti			m 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	s, ente	er -0			. 15		71,457.

	16	Tax (see instructions). Check if any from Form(s):	: <b>1</b> 🗌 8814	<b>2</b> 4972	3 🗌			16	11,473.
	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	11,473.
	19	Nonrefundable child tax credit or credit for other	er dependen	ts 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, ent	ter -0				. [	22	11,473.
	23	Other taxes, including self-employment tax, from	m Schedule	2, line 21			. [	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b> .						24	11,473.
	25	Federal income tax withheld from:							·
	а	Form(s) W-2			25a	12,19	92.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	12,192.
	26	2021 estimated tax payments and amount appl					.	26	, , , , , , , , , , , , , , , , , , ,
If you have a Lagualifying child,	27a	Earned income credit (EIC)		Nο	27a		Ī		
attach Sch. EIC.		Check here if you were born after January					$\neg$		
		January 2, 2004, and you satisfy all the o	other requir	ements for					
		taxpayers who are at least age 18, to claim the	1 1	structions					
	b	Nontaxable combat pay election			-				
	С	Prior year (2019) earned income	27c						
	28	Refundable child tax credit or additional child tax			28		-		
	29	American opportunity credit from Form 8863, lin			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 you					-	32	10 100
	33	Add lines 25d, 26, and 32. These are your total						33	12,192.
Refund	34	If line 33 is more than line 24, subtract line 24 fr			•	-	$\vdash$	34	719.
D: 1 1 '10	35a	Amount of line 34 you want <b>refunded to you.</b> If				_	╙	35a	719.
Direct deposit? See instructions.	▶b	Routing number 0 7 1 0 0 0 0 1		▶ c Type: 🔀	Checking	Savi	ngs		
	► d	Account number 6 7 9 8 9 8 8 5							
A	36	Amount of line 34 you want applied to your 202			36	•		07	
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24			1 1	ions .		37	
	38	Estimated tax penalty (see instructions)			38		_		
Third Party Designee		you want to allow another person to discustructions				es. Comp	lete he	low	× No
Designee		ignee's	Phone		·	Personal i			
		ne ►	no.			number (F		41.011	
Sign		der penalties of perjury, I declare that I have examined the							
Here	beli	ef, they are true, correct, and complete. Declaration of p	reparer (other	than taxpayer) is ba	sed on all inf	ormation of	which p	repare	r has any knowledge.
11010	You	r signature Da	ate	Your occupation					t you an Identity N, enter it here
laint vatuum?				IT DEVELOP	סקס		(see in		N, enter it here
Joint return? See instructions.	Spo	ouse's signature. If a joint return, <b>both</b> must sign.	ate	Spouse's occupation			•		t your spouse an
Keep a copy for	J Gp.	200 0 o.g		орошоо о осоцран.			Identity	y Prote	ction PIN, enter it here
your records.							(see in	st.) ▶	
		(333) = 3	mail address	MAHESHBABUS	QL@GMAI				
Paid	Pre	parer's name Preparer's signature	)		Date	PTI	IN		Check if:
Preparer	UMA	MAHESHWARI BOYIMI UMA MAHESHW	MARI BOY	IMI	02/01/2	022 PO	2472	367	Self-employed
Use Only		n's name ► GLOBAL TAXES LLC					Phone	no. (	678)965-9522
	Firr	n's address ▶ 2530 Pebble Creek Ln	Cumming	GA 30041			Firm's	EIN ▶	30-1017196
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 01/24/2	2 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

Page 2

# SCHEDULE 1 (Form 1040)

# **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

Your social security number
786-11-7068

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
<b>2</b> a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions) ▶			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E		5	-9,480.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> (		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	<b>8d</b> (		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such			
	property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	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 10 1040-NR, line 8		10	_0 480

Schedule 1 (Form 1040) 2021 Page **2** 

Par	Adjustments to Income			
11	Educator expenses		. 11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
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	<b>&gt;</b>	_	
С	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:			
а	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		
С	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		
е	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	<b>24</b> j		
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 <b>adjustments t</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

#### **SCHEDULE E** (Form 1040)

#### **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 Attachment Sequence No. 13

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Your social security number

MAHE	SHBABU CHELLU								786	5-11-706	8	
Part	Income or Loss	From Rental Real Estate	and Roy	altie	Note:	f you a	re in the	e business c	f renting	g personal p	roperty, us	е
	Schedule C. See	instructions. If you are an indivi	dual, repo	ort farr	n rental inc	ome o	r loss fr	om Form 48	35 on p	age 2, line	10.	
A Dic	d you make any payme	nts in 2021 that would requir	re vou to	file F	orm(s) 109	99? Se	e instr	uctions .		🗆	Yes X N	lo
		ou file required Form(s) 1099	•		. ,							
		each property (street, city, s										
A		TPS ROAD IBRAHIMPA				ESH	IN 5	21456				
В												
C												
	Type of Property	2 For each rental real es	tate nron	ortv li	etad		Fair	Rental	Perso	onal Use		
	(from list below)	above, report the number	ber of fai	r renta	al and			ays		Days	QJV	
A	3	above, report the numl personal use days. Chi if you meet the require	eck the <b>(</b>	JV b	ox only—	Α		350		0		
B		qualified joint venture.	See insti	ructio		В		330				
		. ,				C						
	of Property:											
	gle Family Residence	3 Vacation/Short-Term	Dontal	5 La	ad	7	' Self-l	Pontal				
	ti-Family Residence	4 Commercial			valties			r (describe)				
Incom			erties:			A	Otnei	(describe)			С	
3		•		3			500.		•			—
4				4			500.					
				4								
Expen				_			00					
5				5			80.					
6	•	nstructions)		6			300.					
7		nance		7			500.					
8				8								
9				9								
10	-	ssional fees		10								
11				11		5	900.					
12		d to banks, etc. (see instruc		12								
13				13								
14				14			500.					
15				15		2,8	300.					
16				16								
17				17		1,8	300.					
18		or depletion		18								
19	Other (list)			19								
20	Total expenses. Add	lines 5 through 19		20		9,9	980.					
21	Subtract line 20 from	line 3 (rents) and/or 4 (royal	lties). If									
		instructions to find out if yo	u must									
	file <b>Form 6198</b>			21		-9,4	180.					
22		estate loss after limitation,	if any,									
	on Form 8582 (see in			22	(	9,48	80.)			)(		)
23a		eported on line 3 for all renta					23a		50	0.		
b		eported on line 4 for all roya		erties			23b					
С		eported on line 12 for all pro	•				23c					
d		eported on line 18 for all pro					23d					
е		eported on line 20 for all pro	•				23e		9,98	0.		
24	· ·	e amounts shown on line 21			,					24		
25	Losses. Add royalty lo	sses from line 21 and rental re	al estate	losses	s from line	22. En	iter tota	l losses her	e . 🔯	25 (	9,480	).)
26	Total rental real esta	ate and royalty income or	(loss).	Comb	ine lines 2	24 and	25. E	nter the re	sult			
		V, and line 40 on page 2										
		10) line 5 Otherwise includ			•					26	-9.48	3.0

Form CT-1040V

2021

2021 Connecticut Electronic Filing Payment Voucher

REV 01/18/22 PRO

Do not submit a paper copy of your Connecticut income tax return with this voucher.



Form CT-1040V **2021 Connecticut Electronic Filing Payment Voucher** 

(Rev. 12/21)

PO Box 2921 Hartford CT 06104-2921

State of Connecticut

Department of Revenue Services

Do not submit a paper copy of your Connecticut income tax return with this voucher.

MAHESHBABU CHELLU 786 - 11 - 7068

250 MAIN ST APT 215 First time filing Connecticut income tax return:

06106 -HARTFORD CT34.00 Payment amount

1040V1221V011555

MAHESHBABU CHELLU REV 01/18/22 PRG

## Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

#### Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

- 1. **Document Identification Numbers** Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
- 2. **Social Security Number -** The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4.
- 3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

#### Checklist for filing your Connecticut income tax return:

- 1. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 4. Do not attach or send copies of forms W-2 or 1099.
- 5. Verify that the address lines on the return are correct and proper abbreviations are used.
- 6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
- 7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return.
- 9. Send **all** completed pages of CT-1040, Schedule CT-EITC, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed CT-EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2021 Form CT-1040" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment:

Department of Revenue Services

PO Box 2977

Hartford CT 06104-2977

For refunds and tax returns without payment:

Department of Revenue Services

PO Box 2976

Hartford CT 06104-2976

- 13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
- 14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
- 15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

#### Do not send this sheet with your return.

Revised: 10/05/2021



10401221V011555



### Form CT-1040 - 2021

Connecticut Resident Income Tax Return (Rev. 12/21)

#### Page 1 of 4

Other tax year, beginning: and ending: Υ S N FJ Ν MFS Ν HOH QW Ν 786 - 11 - 7068 MAHESHBABU Dec. CHELLU Ν Dec. Ν 250 MAIN ST CT-22 CT-8379 Ν **APT 215** CT-1040 CRC N Ν Federal Form 1310 HARTFORD CT06106 -

1. Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11)	1.	84307
	2.	04307
2. Additions to federal adjusted gross income (from Schedule 1, Line 38)	۷.	0
3. Add Line 1 and Line 2		84307
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5	84307
6. Income tax	6.	4308
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)		0
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	4308
9. Connecticut alternative minimum tax (from Form CT-6251)	9.	0
10. Add Line 8 and Line 9.	10.	4308
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68	3) 11.	0
12. Line 11 subtracted from Line 10. If less than zero, "0" is entered.	12.	4308
13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	13.	0
14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered.	14.	4308
15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.	15.	0
16 Total tax: Add Line 14 and Line 15.	16.	4308



10401221V011555

#### 10401221V021555



786117068

17. Amount from Line 16

Col. A - Employer or Payer's Fed. ID #

Forms W-2, W-2G, and 1099 Information

4308

Col. C - CT Income Tax Withheld

18a.	82 <b>-</b> 1781660	•	61149	4274
18b.	-	•	0	0
18c.	-	•	0	0
18d.	-	•	0	0
18e.	-	•	0	0

Col. B - CT Wages, Tips, etc.

18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) ()

18.	4274
19.	0
20.	0
20a.	0
20b.	0
20c.	0
21.	4274
22.	0
23.	0
24.	0
24a.	0
25.	0
	19. 20. 20a. 20b. 20c. 21. 22.  23. 24. 24a.

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

Ck. Sv. 25b. Rout. # 25c. Acct. # 25a. Acct. type

25d Defund going to a bank account outside the LLC 25d

25d. Refund going to a bank account outside the U.S. 25d.		
26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.	26.	34
27. If late: Penalty entered. Line 26 multiplied by 10% (.10).	27.	0
28. If late: Interest entered.		
Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).	28.	0
29. Interest on underpayment of estimated tax (from Form CT-2210)	29.	0
30. <b>Total amount due:</b> Add Lines 26 through 29.	30.	34.00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

| Date | Home/cell telephone number |

Your signature	Date	Home/cell telephone number		
•	•	6302676167		
Spouse's signature (if joint return)	Date	Daytime telephone number		
•		•	•	
Paid preparer's signature	Date	Telephone number	Paid Preparer's PTIN	
•UMA MAHESHWARI BOYIMI	•020122	• 6789659522	P02472867	
Paid preparer's name		•	FEIN	
UMA MAHESHWARI BOYIMI			301017196	
Firm's name, address and ZIP code GLOBAL TAXE	S LLC		Self-employed	
• 2530 PEBBLE CREEK LN CUI	MMING G	A 30041 -	N	

**Third Party Designee** - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
•	•	<u> </u>

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Schedule 1 - Modifications to Federal Adjusted Gross Income							
31. Interest on state and local government obligations other than Connect	31.	0					
32. Mutual fund exempt-interest dividends from non-Connecticut state or r	nunicipa	al government					
obligations		32.	0				
33. Taxable amount of lump-sum distributions from qualified plans not incl	uded in	federal adjusted					
gross income	33.	0					
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only i	r than zero. 34.	0					
35. Loss on sale of Connecticut state and local government bonds	35.	0					
36. Section 168(k) federal bonus depreciation deduction allowed for property	n service during this year. 36	0					
36a. 80% of Section 179 federal deduction.	36a.	0					
37. Other - specify ●		37.	0				
38. <b>Total additions:</b> Add Lines 31 through 37.		38.	0				
39. Interest on U.S. government obligations		39.	0				
40. Exempt dividends from certain qualifying mutual funds derived from U		0					
41. Social Security benefit adjustment (from Social Security Benefit Adjust		0					
42. Refunds of state and local income taxes	42.	0					
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuiti	43.	0					
44. Military retirement pay	44.	0					
45. 50% of income received from Connecticut Teachers' Retirement Syste	45.	0					
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only i		0					
	47.	0					
47. Gain on sale of Connecticut state and local government bonds  47.  48. CHET contributions made in 2021 or							
an excess carried forward from a prior year Acct. #:		48.	0				
an excess carried forward from a prior year.		40.	O				
48a. 25% of Section 168(k) federal bonus depreciation deduction added ba	ack in pr	eceding four years. 48a.	0				
48b. 42% of pension or annuity income.		48b.	0				
49. Other - specify ●	49.	0					
50. <b>Total subtractions:</b> Add Lines 39 through 49.		50.	0				
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions 51. Modified Connecticut adjusted gross income	<b>3</b>	51.	0				
31. Wodined Connecticut adjusted gross income		51.	O				
		Col. A	Col. B				
52. Qualifying jurisdiction's name and two-letter code 52.							
53. Non-Connecticut income included on Line 51 and reported on a							
qualifying jurisdiction's income tax return (from Schedule 2 worksheet)	53.	0	0				
		0.0000	0.0000				
54. Line 53 divided by Line 51	54.	0.0000	0.0000				
55. Income tax liability: Line 11 subtracted from Line 6.	55.	0	0				
		0	0				
56. Line 54 multiplied by Line 55	56.	0	0				
57. Income tax paid to a qualifying jurisdiction	57.	0	0				
58. Lesser of Line 56 or Line 57	58.	0	0				
GS. ESSEST OF EIRO GO OF EIRO OF	00.	O O	O				
59. Total credit: Add Line 58, all columns.		59.	0				
			_				

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#### Schedule 3 - Property Tax Credit

	N	65 years or older	N	One or more depende	dependents on federal return		
Qualifying Property  Name of Connecticut Tax Town or District Description of Property Date(s) Paid	et •	Primary Residence	•	Au o 1	•		Au o 2
Amount Paid	60.	0	61.	0	62.		0
63. Total property tax paid: Add Lines 60	), 61,	and 62.			63		0
64. Maximum property tax credit allowed					64.	•	200
65. Lesser of Line 63 or Line 64.					65.	•	0
66. Property tax credit limitation decimal a	moun	t: If zero, the amount from I	_ine 65	is entered on Line 68.	66.	•	0.00
67. Line 65 multiplied by Line 66.					67.	•	0
68. Line 67 subtracted from Line 65.					68.		0
Schedule 4 - Individual Use Tax 69a. Use tax at 1% (from Connecticut In	dividu	al Use Tax Worksheet, Se	ction A	, Column 7)	69a.		0
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)				69b.		0	
69c. Use tax at 7.75% (from Connecticu	t Indiv	ridual Use Tax Worksheet,	Section	n C, Column 7)	69c.		0
69d. Use tax at 2.99% (from Connecticut	t Indiv	ridual Use Tax Worksheet,	Section	n D, Column 7)	69d.		0
69. Individual use tax: Add Lines 69a, 69b, 69c, and 69d.  Schedule 5 - Contributions to Designated Charities		69 •		0			
70a. AR		Tiur tioo			70a.		0
70b. OT					70b.		0
70c. ES/W					7 c.		0
70d. BCR					70d.		0
70e. SNS					70e.		0
70f. MR					70f.		0
70g. CBS					70g.		0
70h. MHCIA					70h.		0
70. <b>Total Contributions:</b> Add Lines 70 Taxpayer email	a thro	ugh 70h.			70.		0

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