#### Department of the Treasury Internal Revenue Service

### **IRS e-file Signature Authorization**

Social coourity number

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

Submission Identification Number (SID)

Taypayar'a nama

Taxpayer's	name	Social security number					
RAGHA	VENDRA SOMISETTY	072-13-7084					
Spouse's na	ame	Spouse's social security number					
THEJA	SREE PURI	977-95-9537					
Part I	Tax Return Information – Tax Year Ending December 31, 2021 (Enter	year you are authorizing.)					
Enter who	ole dollars only on lines 1 through 5.						
Note: Fo	rm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
<b>1</b> Ac	djusted gross income	<b>1</b> 91,444.					
<b>2</b> To	otal tax	<b>2</b> 7,525.					
<b>3</b> Fe	ederal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 17,055.					
<b>4</b> Ar	mount you want refunded to you	<b>. 4</b> 9,530.					
<b>5</b> Ar	mount you owe	5					

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

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

Taxpayer's	PIN:	check	one	box	only
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•	ERO firm name the income tax return (original or amended) I ar ny PIN as my signature on the income tax returr		Enter five digits, but don't enter all zeros
lf you are el below.	ntering your own PIN and your return is filed us	ing the Practitioner PIN method. Th Date ► 01/2	

### Spouse's PIN: check one box only

	1 ddinon20			ERO firm name
$\mathbf{X}$	I authorize	GLOBAL	TAXES	LTC

to enter or generate my PIN

	er fiv n't en				
5	9	5	3	7	as mv

2 7 0 0 1

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 signatu	ure Da	ate 🕨	•							
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III Cer	rtification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN	5	8		 -	6 all ze	9	8	9		

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨											
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So											

Filing Status       Single       Married filing jointy       Married filing separately (MFS)       Head of household (HOH)       Qualitying widow(er) (QW)         Check only       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 widow(er) (QW)         Prove first name and middle initial       Last name       Your social security number         RAGHAVENDRA       DYRL       Or2 - 13 - 708 4         Hjeint return, spouse's first name and middle initial       Last name       Spouse's social security number         THE CARRER       UPUR I       977 - 95 - 95 37         Homs address, first name and middle initial       Last name       Spouse's social security number         755       MIDDLETON       PLARE       Or2 - 13 - 708 4         7101, Worn or pool office. If you have a P.O. box, see instructions.       Apt. no.       Check here If you, or your spouse if filing jointy, want S3 to go to this fund. Checking a         7101, Worn or pool office. If you have a foreign address, also complete spaces below.       State       30.004       Cord Checking         72 social security name       Foreign province/state/county       Foreign postal code       Ord Checking a       Ord Checking a         72 social security name       Foreign province/state/county       Foreign postal code       Ord Checking a       Ord Checking a	<b>1040</b>		Intment of the Treasury-Internal Revenue Servers S. Individual Income Ta		(99) <b>urn</b>	202	21	OMB No.	1545-	0074 IRS	S Use Only	–Do not	write c	or staple i	in this space.
PAGHAVENDRA       SOMISETTY       072-13-7084         If join texturn, spouse's fist name and middle initial       Last name       Spouse's social security number         THEDJARREE       PURI       977-95-9537         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         755       MIDDLETON PLACE       Check here if you, or your       spouse's filling jointy, vant 33         City, tow, or post office. If you have a foreign address, also complete spaces below.       State       2/2 composition.         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Standard       Someone can claim:       You as a dependent       You repouse as a dependent       You         Dependents       Gea instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) €/ fir qualifies for (see instructions):         If more dependents       Image and threest.       2a       b       b       b       b         Standard       Wares, salaries, tips, etc. Attach Form(s) W-2       b       Tax-exempt interest.       2a       b       b       b       <	Check only	lf yo	u checked the MFS box, enter the r	name of	-						. ,			0	. , . ,
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         THEJASREE       PURI       977-95-9537         And the address (number and street). If you have a P.O. box, see instructions.       Apt: no.       Precidential Election Campaign         755       MIDDLETON PLACE       GA       30004       book here if you, or your stot office. If you have a foreign address, also complete spaces below.       Attent was stoted if you, or your stote office. If you have a foreign address, also complete spaces below.       Attent was stoted if you, or your stote office. If you have a foreign address, also complete spaces below.       Attent was stoted if you, or your stote office. If you have a foreign address, also complete spaces below.       Attent was stoted if you, or your stote office. If you have a foreign address, also complete spaces below.       Attent was stoted if you, or your stote office. If you change your tax or refund.       You       Spouse if filing jointly, want S3 to go to this fund. Checking a you it ax or refund.         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       You       Spouse         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       You       You       Spouse         Age/Blindness You:       Were born before January 2, 1957       Are blind       Spouse if any of the dependents       You       Spouse if any of the dependents	Your first name	and mi	ddle initial	Last na	ime							Your s	ocial	securit	y number
THEJASREE       PURI       977-95-9537         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         755       MIDLETON PLACE       Check here If you, or your       spouse if filing jointly, want S3         ALPHARETTA       GA       30.004       spouse if filing jointly, want S3         Au ny time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       Ou as a dependent       You ryour spouse as a dependent       You spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness You:       Were born before January 2, 1957       I is blind         Dependents       (see instructions):       (a) Scale security       (b) You goute       Spouse       Chick tar credit Credit for cher dependent         if more than four dependents, see instructions	RAGHAVE	NDRA		SOMI	ISETTY	2						072-	13	-708	4
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here if you, or your stop of office. If you, nor your a LPHARETTA         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign postal code         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       You game         Age/Blindness       Yere born before January 2, 1957       I b blind       Spouse:       Was born before January 2, 1957       I b blind         Dependents       (see instructions):       (i) First name       I constructions):       (i) Vir qualifies for (see instructions):       (i) Credit to credit Credit dendedits         in and check	If joint return, s	pouse's	first name and middle initial	Last na	ime							Spouse	e's so	cial sec	urity number
755 MIDDLETON PLACE       Check here if you or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZP Code         ALDEHARETTA       GA       300.04         Foreign country name       Foreign province/state/county       Foreign postal code       Debug         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       You ryou spouse as a dependent       Yes       No         Standard       Someone can claim:       You as a dependent       You ryou was a dependent       Yes       No         Standard       Someone can claim:       You as a dependent       You ryou was a dependent       Yes       No         Standard       Someone can claim:       You as a dependent       You syouse as a dependent       Yes       No         Standard       Someone can claim:       You as a dependent       You syouse as a dependent       Yes       No         dependents       see instructions):       (1) First name       Last name       Yes       No       State       Zes       Dout syouse as a dependent       Child tax credit       Credit for other dependents       See instructions):       Tedit for other depen	THEJASR	ΞE		PURI	C							977-	95.	-953'	7
City, tow, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       30004       spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change box below will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       you as a dependent       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Standard       Spouse itemizes on a separate return or you were a dual-status alien       Spouse:       Was born before January 2, 1957       Is bind         Dependents       (see instructions):       (f) First name       Last name       (g) Relationship       (h) V f qualifies for (see instructions):       Child tax credit       Credit or other dependents         if more       (1) First name       Last name       (g) Social security       (g) Relationship       (h) V f qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions	Home address	(numbe	r and street). If you have a P.O. box, see	e instructi	ons.					Apt. n	0.	Preside	entia	Electio	on Campaign
Cuty, tom, of post clines, inyour have a foreign adultess, also complete spaces below.       State       Car Code       to go to this fund. checking a box below will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes X No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1957       Are blind         Dependents       (see instructions):       (2) Social security       (a) Relationship       (d) If if ualifies for (see instructions):         If more       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents;         see instructions	755 MID	OLET(	ON PLACE									Check	here	if you,	or your
ALPHARETTA       GA       30004       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       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         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Merce than four       (I) First name       Last name       number       (I) Vit qualifies for (see instructions):       If credit for other dependents         If more       (I) First name       Last name       Immediate       Immediate       Immediate         Attach       3a       Qualified dividends       3a       Qualified dividends       3b       Immediate       Immediate       99, 924.         Attach       Social security benefits       5a       D       Tax-exempt interest       5b       Immediate       9       9, 244.         Attach       Social security benefits       6a       D <td< td=""><td>City, town, or p</td><td>ost offic</td><td>ce. If you have a foreign address, also co</td><td>omplete s</td><td>paces be</td><td>ow.</td><td>Sta</td><td>te</td><td></td><td>ZIP code</td><td></td><td></td><td></td><td></td><td></td></td<>	City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces be	ow.	Sta	te		ZIP code					
Foreign country name       Foreign province/state/county       Foreign prostal code       your tax or refund.         At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yeur spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✔ if qualifies for (see instructions):         If more       (1) First name       Last name       Immeer       Immeer <t< td=""><td>ALPHARE'</td><td>ГТА</td><td></td><td></td><td></td><td></td><td>GZ</td><td>7</td><td></td><td>30004</td><td></td><td></td><td></td><td></td><td></td></t<>	ALPHARE'	ГТА					GZ	7		30004					
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?       Yes       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Age/Blindness       You:       Yes born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) If it qualifies for (see instructions):         If more than four       (1) First name       Last name       number       Credit for other dependents; see instructions         see instructions	Foreign countr	y name			Foreign pi	rovince/state	/count	ty		Foreign pos	stal code	1			•
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✓ If qualifies for (see instructions):         If more       (1) First name       Last name       number       1       Child tax credit       Credit for other dependents         see instructions														You	Spouse
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1957       A re blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):         Attach       Child tax credit       Credit for other dependents       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):         Attach       2       Mages, salaries, tips, etc. Attach Form(s) W-2       1       (99, 924.)         Attach       2a       2a       b Taxable interest       2b         Sch. B if required.       4a       b Taxable amount       4b       4b         Sa Qualified dividends       5a       6a       5a       6a       5a       6a       5a       6a       5b       6b         Standard       Deduction for       7       7       7       7       7         Beductin for       9       91, 444.	At any time du	iring 20	21, did you receive, sell, exchange	, or othe	erwise di	spose of a	ny fina	ancial inter	est ir	n any virtu	al curre	ncy?		Yes	X No
Age/Blindness You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✔ if qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions		_		•		•		•	ent						
Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         Child tax credit       Credit for other dependents, see instructions       (1) First name	Deduction		Spouse itemizes on a separate retu	rn or you	u were a	dual-statu	s alien	1							
If more than four dependents, see instructions and check here       Image: the set instructions and annuities       Image: the set instructions       Image: the set	Age/Blindnes	S You:	Were born before January 2, 1	1957 [	Are bl	ind Sp	ouse	: 🗌 Was	borr	n before J	anuary 2	2, 1957		ls bl	ind
If more       1       Of the half of the	Dependent				(2) 5		ty						1		,
dependents, see instructions and check here       Image: searce of the sea		<b>(1)</b> Fi	rst name Last name		number to you				CI	hild tax c	redit	Crea	dit for oth	1er dependents	
see instructions       Image: see instructions       Image: see instructions       Image: see instructions         Attach       2a       Image: see instructions       Image: see instructions       Image: see instructions         Attach       2a       Tax-exempt interest       Image: see instructions       <															
here   Attach   Sch. B if   ag   Qualified dividends   sch. B if   required.   4a   Ba   Qualified dividends   4a   Ba   Qualified dividends   4a   Ba   Pensions and annuities   5a   Pensions and annuities   5a   Pensions and annuities   5a   Capital gain or (loss). Attach Schedule D if required. If not required, check here   7   Single or   7   Single or   8   Other income from Schedule 1, line 10   9    9   9   Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   10   Adjustments to income from Schedule 1, line 26   10   Adjustments to income from Schedule 1, line 26   11   9   9   9   9   9   9   11   9   9   9   11   9   9   9   9   9   9   9   9   9   9   11   9   9   9   9   9   9   9   9   11   9   9   9   9 <td>•</td> <td>s ——</td> <td></td>	•	s ——													
Attach       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       99,924.         Attach       2a       b       Tax-exempt interest       2a       b         Sch. B if       3a       Qualified dividends       3a       b       Taxable interest       2b         Attach       3a       Qualified dividends       3a       b       Taxable interest       2b         4a       IRA distributions       .       4a       b       Taxable amount       .       4b         5a       Pensions and annuities       .       5a       b       Taxable amount       .       .       4b         Standard       6a       Social security benefits       .       6a       b       Taxable amount       .       .       .       6b         Standard       6a       Social security benefits       .       6a       b       Taxable amount       .															<u> </u>
Attach 2a Tax-exempt interest 2a   Sch. B if 3a Qualified dividends 3a   required. 4a IRA distributions 4a   HA distributions 4a b   Total 5a   Pensions and annuities 5a   Standard 6a   Deduction for-   • Single or   Married filing   separately,   \$12   Standard   Deduction for-   • Single or   Married filing   separately,   \$12   Standard deduction or income from Schedule 1, line 10   • Single or   Married filing   jointy or   Qualifying   widow(er),   \$25, 100   • Head of   household,   \$18, 800   • Head of   household,   \$18, 800   • Head of   household,   \$18, 800   • Hou checked   any box under   Standard   Deduction,   11   9    9   9   9   9   9   9   9   9   9   9   9    9   9   9    9   9   9   9   9   9   9   9    9    9 <td>here 🕨 📋</td> <td></td>	here 🕨 📋														
Sch. B if required.       2a       Taxeteeningt interest       2a       2a       2a       2b         Sch. B if required.       3a       Qualified dividends       3a       3b       3b         4a       IRA distributions       4a       b       Ordinary dividends       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       5a       b       Taxable amount       7         6a       Social security benefits       6a       b       Taxable amount       7         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 10       10       10       10         9       91,4444       9       91,4444       10         9       91,4444       10       11       91,4444         10       Subtract line 10 from line 9. This is your adjusted gross income       10       10         11       91,4444 </td <td>Attack</td> <td></td> <td>Wages, salaries, tips, etc. Attach</td> <td>Form(s)</td> <td>W-2 .</td> <td>· · ·</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>. 1</td> <td></td> <td>9</td> <td>99,924.</td>	Attack		Wages, salaries, tips, etc. Attach	Form(s)	W-2 .	· · ·						. 1		9	99,924.
required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         * Single or       Gapital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 10       10       10       10         Married filing jointly or       Qualifying widow(er),       10       Adjustments to income from Schedule 1, line 26       10         10       Adjustments to income from Schedule 1, line 26       10       11       91,4444         widow(er), \$25,100       12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100         11       91,4444       10       Charitable contributions if you take the standard deducton (see instructions)       12b       300		2a	Tax-exempt interest	2a			bΤ	axable inte	erest			. 21	b		
5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for- Obcluction for- • Single or Married filing separately, \$12,550       6a       b       Taxable amount       5b         9       Other income from Schedule 1, line 10       6a       b       Taxable amount       7         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       91, 444.         10       Adjustments to income from Schedule 1, line 26       10         11       91, 444.         10       11       91, 444.         10       11       91, 444.         11       91, 444.         12a       25, 100.         11       91, 444.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25, 100.         12a       Standard deduction or itemized deduction (see instructions)       12b       300.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25, 400.         14       25, 400.       15       Taxable income       14       25, 400.		<u>3a</u>	Qualified dividends	3a			bС	ordinary div	viden	ids		. 31	b		
Standard Deduction for-       6a       Social security benefits		4a	IRA distributions	4a			bΤ	axable am	ount			. 41	b		
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Single or Married filing separately, \$12,550       8       Other income from Schedule 1, line 10       8       -8,480.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       91,444.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       91,444.       10       Adjustments to income from Schedule 1, line 26       10         12a       Standard deduction or itemized deductions (from Schedule A)       11       91,444.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         •       B       Capital gain or (loss).       12a       25,100.         •       Capital gain or (loss).       12b       300.       12c         •       Capital gain or (loss).       12a       25,400.       13         •       Igain		5a	Pensions and annuities	5a			bΤ	axable am	ount			. 5	b		
<ul> <li>Single or Married filing separately, \$12,550</li> <li>Married filing jointly or Qualifying widow(er), \$25,100</li> <li>Head of household, \$18,800</li> <li>If you checked any box under Standard</li> <li>If</li></ul>		6a									· · _	. 6	b		
Married filing separately, \$12,550       8       -8,480.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       91,444.         9       91,444.       9       91,444.         9       91,444.       9       91,444.         10       10       10       10         11       91,444.       10       10         12a       Subtract line 10 from line 9. This is your adjusted gross income       10         11       91,444.       11       91,444.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         12a       Standard deduction or itemized deduction (from Schedule A)       12a       25,100.         12b       300.       12b       300.       12c       25,400.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13a       14       25,400.         14       25,400.       14       25,400.       15       15       66       044		7	Capital gain or (loss). Attach Sche	edule D i	f required	d. If not red	luired	, check he	re		. ► L	7	'		
\$12,550       9       Add lines 1, 25, 30, 40, 55, 60, 7, and 8. This is your total income       9       91, 444.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         • Married filing jointly or Qualifying widow(er), \$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       11       91,444.         • Head of household, \$18,800       12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         • Head of household, \$18,800       • Add lines 12a and 12b       • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lir	ne 10								. 8	;		
jointly or Qualifying widow(er), \$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       11       91,444.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.       12b       300.         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       300.       12c       25,400.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       25,400.         14       25,400.       14       25,400.       15       56,044		9			-	ur total in	come					► <u>9</u>		9	<i>€</i> 1,444.
Qualifying widow(er), \$25,100       12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       300         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       25,400         • If you checked any box under Standard       14       25,400       13       14       25,400         • If you checked any box under Standard       14       25,400       13       14       25,400         • If you checked any box under Standard       14       25,400       14       25,400       15         • Add lines 12c and 13       • • • • • • • • • • • • • • • • • • •		10										. 10	0		
\$25,100       12a       Standard deduction of itemized deductions (norm schedule A)       12a       2.5,100         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       300         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       25,400         14       Add lines 12c and 13       14       25,400       14       25,400         15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0-       15       66,044	Qualifying	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted	gross inco	ome		· ·	· · ·			1	9	)1,444.
household, \$18,800       c       Add lines 12a and 12b       12c       25,400         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12c and 13       14       25,400       14       25,400         Deduction,       15       Taxable income       Subtract line 14 from line 11 If zero or less enter -0-       15       66,044		12a	Standard deduction or itemized	deduct	ions (fro	m Schedu	e A)		12a	1 2					
\$18,800       C       Add lines 12a and 12b       12c       25,400.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12c and 13       14       25,400.         15       Tayable income       Subtract line 14 from line 11 If zero or less enter -0.       15       66,044		b	Charitable contributions if you take	the star	ndard de	duction (se	e instr	uctions)	12b		30	0.			
any box under Standard       14       Add lines 12c and 13       14       25,400.         Deduction,       15       Tayable income       Subtract line 14 from line 11 If zero or less enter -0.       15       66,044		С										. 12	2c	2	25,400.
Standard         14         Add lines 12c and 13         14         25,400.           Deduction,         15         Tayable income         Subtract line 14 from line 11 If zero or less enter -0.         15         66,044		13	Qualified business income deduct	tion from	n Form 8	995 or For	n 899	5-A							
	Standard	14										. 14	4		
		15	Taxable income. Subtract line 14	from lir	ne 11. lf z	ero or less	, ente	r-0			• •	. 1	5	6	56,044.

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

Form **1040** (2021)

Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/17/22 PRO			Form <b>1</b>	040 (2021)
	Firr	m's address 🕨 2530 Pebb	le Creek L	n Cumming	g GA 30041		Firm	's EIN ▶	30-10	)17196
Use Only		m's name 🕨 GLOBAL TAX					Phor	ne no. (	678)965	5-9522
Preparer	VENK	ATASAI PAVAN KUMAR DUDIPALLI		PAVAN KUM	AR DUDIPALLI	01/24/2022	P0247			mployed
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	
		one no. (404)610-712		Email address	S.RAGHAVA	09@GMAIL.CO			01	
Keep a copy for your records.					HOME MAKE	R	lden (see	tity Prote inst.) ►	ection PIN, e	enter it here
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupa		If the	IRS ser	nt your spou	se an
Joint return?		a. e.g.lacaro		2410	SOFTWARE	ENGINEER	Prote		N, enter it h	
Here		ief, they are true, correct, and com ur signature	plete. Declaration of	of preparer (othei Date	r than taxpayer) is b Your occupation	ased on all informatio			er has any ki nt you an Ide	
Sign	Un	der penalties of perjury, I declare t		d this return and		nedules and statemer	nts, and to	the bes		
Longhoo	De	signee's ne ►	· · ·	Phone no. ►		Perso	onal identi per (PIN)	fication		
Third Party Designee		you want to allow another	person to disc	cuss this retur	m with the IRS?	See . ► <b>Yes.</b> Co	omplete ł	below.	× No	
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Amount	37	Amount you owe. Subtract	line 33 from line	24. For details	s on how to pay,	see instructions	. 🕨	37		
	36	Amount of line 34 you want a				36				
See instructions.	►d	Account number 3 3 4					22			
Direct deposit?	► b	Routing number 0 6 1					Savings	000		,
Refund	35a	Amount of line 34 you want				•	▶ □	35a		,530.
	34	If line 33 is more than line 24					. 🕨	34		,0 <u>55</u> .
	32 33	Add lines 27a and 28 throug Add lines 25d, 26, and 32. T						32 33	1 7	,055.
	31	Amount from Schedule 3, lin				31	lito 🕨			
	30	Recovery rebate credit. See				30				
	29	American opportunity credit				29				
	28	Refundable child tax credit or				28				
	С	Prior year (2019) earned inco								
	b	Nontaxable combat pay elec				_				
)		Check here if you were k January 2, 2004, and you taxpayers who are at least a	u satisfy all the	e other requi	rements for					
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a				
If you have a	26	2021 estimated tax payment				1 1		26		
	d	Add lines 25a through 25c						25d	17	,055.
	c	Other forms (see instructions				25c		·		0
	b	Form(s) 1099				25b				
	а	Form(s) W-2					,055.	_		
	25	Federal income tax withheld	from:			1 1				
	24	Add lines 22 and 23. This is	your <b>total tax</b>				. 🕨	24	7	,525.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7	,525.
	21	Add lines 19 and 20						21		
	20	Amount from Schedule 3, lin	ne8					20		
	19	Nonrefundable child tax cree	dit or credit for o	ther depender	nts from Schedul	ə 8812		19		-
	18	Add lines 16 and 17 .						18	7	,525.
	17	Amount from Schedule 2, lin		.,				17		,
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	7	,525.
Form 1040 (2021	)									Page 2

	Revenue Service Go to www.irs.gov/Form1040 for instructions and the la	test information.		Atta Sec	achment quence No. <b>01</b>
	s) shown on Form 1040, 1040-SR, or 1040-NR				curity number
RAGH Par	AVENDRA SOMISETTY & THEJASREE PURI		072-1	L3-708	34
1	Taxable refunds, credits, or offsets of state and local income taxe			1	
				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, t Schedule E			5	-8,480.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a (	)		
b	Gambling income	8b			
с	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d (	)		
е	Taxable Health Savings Account distribution	8e			
f	Alaska Permanent Fund dividends	8f			
g	Jury duty pay	8g			
•	Prizes and awards	8h			
i	Activity not engaged in for profit income	8i			
i	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) .	8р			
Z	Other income. List type and amount ►	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1 1040-NR, line 8	1040, 1040-8	SR, or	10	-8,480.
					0,1001

## Additional Income and Adjustments to Income

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

**SCHEDULE 1** (Form 1040) Department of the Treasur

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



Par	t 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		
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 <b>24b</b>		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 <b>24c</b>		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans <b>24g</b>		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
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 violations24i		
j	Housing deduction from Form 2555         .         .         .         24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
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 to income.</b> Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 01/17/22 PRO

	DULE E			Sı	ıpplementa	l Inc	ome a	and Lo	SS			OMB	No. 154	5-0074
(Form	1040)	(From	renta	al real estate, roy	alties, partnersl	hips, S	corpor	ations, e	states,	trusts, REM	IICs, etc.)	9		1
Departme	ent of the Treasury				ch to Form 1040							Attac	hment	
Internal R	Revenue Service (99)			Go to www.irs.g	ov/ScheduleE f	or inst	ructions	s and the	latest i	information	•		ience No	o. <b>13</b>
. ,	shown on return											cial securi	-	ber
_				& THEJASREE							-	13-708	·	
Part				m Rental Real										/, use
				ctions. If you are a										
	, ,			2021 that would			· · /							_
				e required Form								. 🗆	Yes	No
<u>1a</u>	-			property (street			e)							
	CHINTAL H	YDERAI	BAD	TELANGANA	A IN 50003	37								
<u>C</u>									Fair	Dentel	Davaan			
1b	Type of Prop		2	For each rental	real estate prop	perty I	isted al and		_	Rental	Person Day		( C	JN
_	(from list be	elow)		above, report ti personal use da	ays. Check the	QJV b	ox only			Days	Da		<u> </u>	
	3			if you meet the qualified joint v	requirements to	o file a	is a	A		365		0	!	
	+			quannea joint v		liuotio	110.	B					!	
C								C						
	of Property:	Janaa	0	Vacation/Shor	t Tarma Dantal	E L o	nd	-	7 Self-l	Dontol				
-	le Family Resic ti-Family Reside			Commercial	I-Term Rental									
Incom			4	Commercial	Properties:		yalties		s Otne	r (describe E			С	
3		1			-	3			540.		,			
4						4			540.					
Expen		iveu .	• •											
5						5								
6	-			ctions)		6								
7		•				7		1	150.					
8				· · · · · · ·		8		±,.	130.					
9						9								
10				al fees		10								
11	-					11		1.4	400.					
12	•			oanks, etc. (see		12		- /	1001					
13		-				13								
14						14		2,	140.					
15						15			.080					
16	Taxes					16								
17	Utilities					17		2,	350.					
18	Depreciation e	xpense	or d	epletion		18								
19	Other (list) 🕨					19								
20	Total expenses			5 through 19 .		20		9,3	120.					
21	Subtract line 2	0 from I	line 3	3 (rents) and/or	4 (royalties). If									
	result is a (loss	s), see ir	nstru	ictions to find o	ut if you must									
	file Form 6198	<b>3</b>				21		-8,	480.					
22				te loss after lim					T					
				tions)		22	(	8,4	80.)	(		)(		
23a			•	ed on line 3 for					23a		640.			
b				ed on line 4 for		erties			23b					
С				ed on line 12 fo					23c					
d				ed on line 18 fo					23d					
е				ed on line 20 fo					23e		9,120.			
24				ounts shown on							. 24	-		
25	Losses. Add ro	oyalty los	ses f	from line 21 and i	rental real estate	losse	s from li	ne 22. Er	nter tota	al losses her	e. 25	(	8,	480.
26				nd royalty inco										
				nd line 40 on p									~	400
	Schedule 1 (Fo	orm 104	U), lir	ne 5. Otherwise	, include this ar	mount	in the t	total on	iine 41	on page 2	. 26		-8	,480.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021





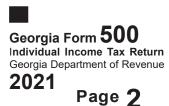
## Georgia Form 500 (Rev. 08/02/21) Individual Income Tax Return

Individual Income Tax Return Georgia Department of Revenue 2021 (Approved software version)

## Page 1

Fiscal Year Beginning	STATE GA ISSUED							
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID		C	061077602				
YOUR FIRST NAME 1. RAGHAVENDRA		МІ	your social : 072-13-	security number -7084				
LAST NAME (For Name Change See IT-8 SOMISETTY	511 Tax Booklet)		s	SUFFIX				
SPOUSE'S FIRST NAME		мі		CIAL SECURITY NUM	BER			
THEJASREE			977-95-	-9537		DEPARTMENT USE ONLY		
<b>last name</b> PURI			S	UFFIX				
ADDRESS (NUMBER AND STREET or P.O. BC 2. 755 MIDDLETON PLACE CITY (Please insert a space if the city has mu 3. ALPHARETTA		ne for Ap	t, Suite or Building STATE GA	Number) CHECK IF / ZIP CODE 30004	ADDRESS HAS CHANGED			
(COUNTRY IF FOREIGN)					٩	opidonau Statua		
4. Enter your Residency Status with the a	ppropriate numbe	r				esidency Status <b>4.</b> 1		
1. FULL- YEAR RESIDENT 2. PART- YEAR RES	IDENT		то	D		3. NONRESIDENT		
Omit Lines 9 thru 14 and use F	orm 500 Schedu	ule 3 if	you are a pa	rt-year or nonr	esident filer.			
5. Enter Filing Status with appropriate I		Filing Status <b>5</b> . B						
A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)								
6. Number of exemptions (Check appro	<b>6</b> c. 2							
7a. Number of Dependents (Enter details o		7a.						

# PAGES (1-5) ARE REQUIRED FOR PROCESSING





YOUR SOCIAL SECURITY NUMBER 072-13-7084

- 7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

   First Name, MI.

   Last Name
  - Social Security Number Relationship to You

First Name, MI.

**Social Security Number** 

First Name, MI.

**Social Security Number** 

First Name, MI.

**Social Security Number** 

Last Name

Last Name

Last Name

**Relationship to You** 

**Relationship to You** 

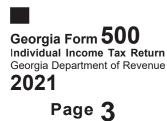
Relationship to You

### **INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

	TAXABLE INCOME)	If the amou	,	more, or your gross income is less than	91444 your
9. Adjustments from Form	n 500 Schedule 1 (Se	e IT-511 Ta	ax Booklet)	9.	
10. Georgia adjusted gross	income (Net total of	Line 8 and	Line 9)	10.	91444
11. Standard Deduction (Do (See IT-511 Tax Boo		STANDARE	DEDUCTION)	11a.	6000
b. Self: 65 or over?	Blind?	Total	x 1,300=	11b.	
	Blind? uction (Line 11a + Lind c OR Line 12c (Do not		lines)	11c.	6000
12. Total Itemized Deduction	ns used in computing F	Federal Taxa	ble Income. If you use iten	nized deductions, you must include Federa	al Schedule A.
a. Federal Itemized De	eductions (Schedule	A- Form 104	40)	12a.	
b. Less adjustments: (	See IT-511 Tax Book	let)		12b.	
c. Georgia Total Itemize	d Deductions			12c.	
13. Subtract either Line 11	c or Line 12c from Li	ne 10; enter	balance	13.	85444

## PAGES (1-5) ARE REQUIRED FOR PROCESSING





YOUR SOCIAL SECURITY NUMBER 072-13-7084

14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	7400
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	7400
<ul><li>15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)</li><li>15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)</li></ul>		78044
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	78044
16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet)	. 16.	4253
17. Low Income Credit 17a. 17b	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	. 18.	
19. Credits used from IND-CR Summary Worksheet	. 19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file electronically)	<b>∍d</b> 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	4253

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

	(INCOME STATEMENT A)		(INCOME STATEMENT B)	(INCOME STATEMENT C)				
1.	WITHHOLDING TYPE:	1.	WITHHOLDING TYPE:	1.	WITHHOLDING TYPE:			
	X W-2 G2-A G2-LP		W-2 G2-A G2-LP		W-2 G2-A G2-LP			
	1099 G2-FL G2-RP		1099 G2-FL G2-RP		1099 G2-FL G2-RP			
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN				
	421617887							
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 2219972XU	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID			
4.	GA WAGES / INCOME 99924	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME			
5.	ga tax withheld 5309	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD			

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

### PAGES (1-5) ARE REQUIRED FOR PROCESSING

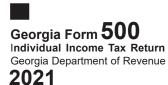
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REV 12/14/21 PRO

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Page 4



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#### YOUR SOCIAL SECURITY NUMBER 072-13-7084

1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	(INCOME STATEMENT E) 1. WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	G2-LP G2-RP		G2-LP G2-RP
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WIT	THHOLDING ID	3. EMPLOYER/PAYER STATE WIT	HHOLDING ID
4.	GA WAGES / INCOME	4. GA WAGES / INCOME		4. GA WAGES / INCOME	
5.	GA TAX WITHHELD	5. GA TAX WITHHELD		5. GA TAX WITHHELD	
23.	Georgia Income Tax Withheld on Wage		23.		5309
24.	(Enter Tax Withheld Only and include W-2s Other Georgia Income Tax Withheld	,	24.		
25.	(Must include G2-A, G2-FL, G2-LP and/or C Estimated Tax paid for 2021 and Form I		25.		
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electronic		26.		
27.	Total prepayment credits (Add Lines 23, 2		27.		5309
28.	If Line 22 exceeds Line 27, subtract Line balance due		28.		
29.	If Line 27 exceeds Line 22, subtract Line overpayment		29.		1056
30.	Amount to be credited to 2022 ESTIMA	ATED TAX	30.		0
31.	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	31.		
32.	Georgia Fund for Children and Elderly (I	No gift of less than \$1.00)	32.		
33.	Georgia Cancer Research Fund (No gift	t of less than \$1.00)	33.		
34.	Georgia Land Conservation Program (No	o gift of less than \$1.00)	34.		
35.	Georgia National Guard Foundation (No	gift of less than \$1.00)	35.		
36.	Dog & Cat Sterilization Fund (No gift of I	less than \$1.00)	36.		
37.	Saving the Cure Fund (No gift of less th	nan \$1.00)	37.		
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	open (REACH) Program	38.		
				SSING	

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2021		00411553	YOUR SOCIAL SECURITY NUMBER 072-13-7084
Page 5			
39. Public Safety Memorial G	irant (No gift of less than \$1.00)		
40. Form 500 UET (Estimate	ed tax penalty) 500 UET except	ion attached 40.	
41. (If you owe) Add Lines MAKE CHECK PAYABL	28, 31 thru 40 E TO GEORGIA DEPARTMENT OF	41. REVENUE	
Amount Due Mail To: GEORGIA DEPARTMENT PROCESSING CENTER, ATLANTA, GA 30374-039	PO BOX 740399		
	Subtract the sum of Lines 30 thru 40 f		
	ect Deposit information or if you		1056 Il be issued a paper check
42a. Direct Deposit (U.S. Accounts Or	•		
	Routing		Refund Due Mail To:
Type: Checking 🗙 Savings	Number 061000052		GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER, PO BOX 740380
•	Account Number 334047914585		ATLANTA, GA 30374-0380
and belief, it is true, correct, and cor	(Check box if deceased)	Spouse's Signature	ed on all information of which the preparer has knowledge (Check box if deceased)
Taxpayer's Date of Death		Spouse's Date of Death	
Taxpayer's Signature Date	Taxpayer's Phor 404-610-7		Spouse's Signature Date
By providing my e-mail address my account(s). Taxpayer's E-mail Address		Revenue to electronically notify me	at the below e-mail address regarding any updates to
			I authorize DOR to discuss this return with the named preparer.
		Droporo	's Phone Number
VENKATASAI PAVAN	KUMAR DUDIPALLI		965-9522
Signature of Preparer			
Name of Preparer Other T		Prepare	
VENKATASAI PAV	AN KUMAR DU	30-1	.017196
Preparer's Firm Name GLOBAL TAXES I	LC		r's SSN/PTIN/SIDN 270833

PAGES (1-5) ARE REQUIRED FOR PROCESSING

REV 12/14/21 PRO

<b>1040</b>		artment of the Treasury-Internal Revenue Serv S. Individual Income Ta		(99) <b>urn</b>	202	1	OMB No. 1	1545-(	0074 IRS Use	only-	–Do not v	vrite o	r staple i	in this space.		
Filing Status Check only one box.	lf yo	Single X Married filing jointly [ u checked the MFS box, enter the r on is a child but not your dependen	name of	-	separately ( use. If you				ousehold (HO QW box, ente	,			0	. , . ,		
Your first name	and mi	ddle initial	Last na	ime							Your so	cial	securit	y number		
RAGHAVE	NDRA		SOMI	ISETTY							072-	13-	-7084	4		
If joint return, s	pouse's	first name and middle initial	Last na	ime							Spouse	's so	cial sec	urity number		
THEJASR	ΞE		PURI	C							977-	95-	-953'	7		
Home address	(numbe	r and street). If you have a P.O. box, see	e instructi	ons.					Apt. no.		Preside	ntial	Electio	on Campaign		
755 MID	OLET(	ON PLACE									Check	here	if you,	or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces bel	ow.	Stat	te		ZIP code					tly, want \$3		
ALPHARE'	ГТА					GA	ł		30004					Checking a change		
Foreign countr	y name			Foreign pr	ovince/state	/count	y		Foreign postal c	ode	your ta			onango		
													You	Spouse		
At any time du	iring 20	021, did you receive, sell, exchange	, or othe	erwise dis	spose of ar	y fina	ncial intere	est in	any virtual c	urrer	icy?		Yes	X No		
Standard Deduction	_	eone can claim:	•		Your spou		•	ent								
Age/Blindnes		· · ·	· · ·	Are bl		ouse		borr	n before Janua	ary 2	, 1957		ls bli	ind		
Dependent	s (see	instructions):		(2) S	- Social securit	v	(3) Relation	onshir	o (4) 🗸	if au	alifies fo	r (see	e instru			
-		rst name Last name		number to you			Child t									
lf more than four											7					
dependents,									]					<u>–</u> –––		
see instruction and check	s ——														C	<u> -</u>
here														<u>–</u> –––		
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2 .						<u> </u>	1			99,924.		
Attach	2a	Tax-exempt interest	2a			h Ta	axable inte	erest			2b	,				
Sch. B if	3a	Qualified dividends	3a			<b>b</b> Ordinary dividen			 de	36	_					
required.	4a	IRA distributions	4a				axable am				46	_				
	5a	Pensions and annuities	5a				axable am				56	_				
Standard	6a	Social security benefits	6a				axable am				66	_				
Deduction for-	7	Capital gain or (loss). Attach Sche		f required	d. If not rea						7					
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1. lir		•		,					8	_	_	-8,480.		
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,									▶ 9			91,444.		
\$12,550 • Married filing	10	Adjustments to income from Sche		-							10	_				
jointly or	11	Subtract line 10 from line 9. This is your adjusted gross income								C	91,444.					
Qualifying widow(er),	12a	Standard deduction or itemized	•	-	-			12a	25,							
\$25,100 • Head of		Charitable contributions if you take the standard deduction (see instructions) <b>12b</b> 300														
household,	c	Add lines 12a and 12b							12	c	2	25,400.				
\$18,800 If you checked	13	Qualified business income deduct	tion from				5-A .				13					
any box under Standard	14	Add lines 12c and 13									14		2	25,400.		
Deduction,	15	Taxable income. Subtract line 14									15			56,044.		
see instructions.												- 1		, •		

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

Form **1040** (2021)

Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/17/22 PRO			Form <b>1</b>	040 (2021)
	Firr	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041		Firm	's EIN ▶	30-10	17196
Use Only		n's name 🕨 GLOBAL TAX					Phor	ne no. (	678)965	5-9522
Preparer	VENK	ATASAI PAVAN KUMAR DUDIPALLI		PAVAN KUM	AR DUDIPALLI	01/24/2022	P0247			mployed
Paid		parer's name	Preparer's signat			Date	PTIN		Check if:	
		one no. (404)610-712		Email address	S.RAGHAVA	09@GMAIL.CO			01	
Keep a copy for your records.					HOME MAKE	R	Ident (see	tity Prote inst.) ►	ection PIN, e	enter it here
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupa		If the	IRS ser	nt your spou	se an
Joint return?				Duit	SOFTWARE ENGINEER		Prote		N, enter it h	
Here		ief, they are true, correct, and com ur signature	plete. Declaration of	of preparer (othei Date	r than taxpayer) is b Your occupation	ased on all informatic			er has any ki nt you an Ide	0
Sign	Un	der penalties of perjury, I declare t		ed this return and		nedules and statemer	nts, and to	the bes		
Ū		signee's ne ►		Phone no. ▶			onal identi ber (PIN)			
Third Party Designee		you want to allow another	person to disc	cuss this retur	n with the IRS?	? See . ▶ <b>□ Yes.</b> Co	omplete k	below.	× No	
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Amount	37	Amount you owe. Subtract				see instructions	. 🕨	37		
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36				
See instructions.	►d	Account number 3 3 4 0 4 7 9 1 4 5 8 5								
Direct deposit?	►b									
Refund	35a	Amount of line 34 you want				•		35a		,530.
Defund	34	If line 33 is more than line 24						34		,530.
	33	Add lines 25d, 26, and 32. T						33	17	,055.
	32	Add lines 27a and 28 throug					lits 🕨	32		
	30 31	Amount from Schedule 3, lin				31		-		
	29 30	American opportunity credit Recovery rebate credit. See				29 30		-		
	28	Refundable child tax credit or				28		-		
	c	Prior year (2019) earned inco			0 1 1 0010					
	b	Nontaxable combat pay elec				-				
		January 2, 2004, and you taxpayers who are at least a	u satisfy all the ge 18, to claim t	e other requi he EIC. See in	rements for					
attach Sch. EIC.		Check here if you were k								
If you have a l qualifying child,	27a	Earned income credit (EIC)		••		27a				
	26	2021 estimated tax payment						26		,
	d	Add lines 25a through 25c						25d	17	,055.
	c b	Other forms (see instructions				250 25c		-		
	a b	Form(s) 1099				25a ± 7	,055.	-		
	25 а	Federal income tax withheld Form(s) W-2				<b>25</b> a 17	,055.			
	24 05	Add lines 22 and 23. This is					. 🕨	24	/	,525.
	23	Other taxes, including self-e						23		0.
	22	Subtract line 21 from line 18						22	.7	,525.
	21	Add lines 19 and 20						21		
	20	Amount from Schedule 3, lin						20		
	19	Nonrefundable child tax cred						19		
	18	Add lines 16 and 17						18	7	,525.
	17	Amount from Schedule 2, lin	ie3					17		
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	7	,525.
Form 1040 (2021	,							i		Page 2

	► Go to www.irs.gov/Form1040 for instructions and the latest information.		At Se	tachment equence No. <b>01</b>
	(s) shown on Form 1040, 1040-SR, or 1040-NR			ecurity number
Par	AVENDRA SOMISETTY & THEJASREE PURI	072-1	13-70	84
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a			2a	
b	Date of original divorce or separation agreement (see instructions) ▶		Lu	
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. A Schedule E	Attach	5	-8,480.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	)		
b	Gambling income			
с	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555 8d (	)		
е	Taxable Health Savings Account distribution 8e			
f	Alaska Permanent Fund dividends			
g	Jury duty pay			
h	Prizes and awards			
i	Activity not engaged in for profit income			
j	Stock options			
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			
I	Olympic and Paralympic medals and USOC prize money (see instructions)		-	
m	Section 951(a) inclusion (see instructions)			
n	Section 951A(a) inclusion (see instructions) 8n			
ο	Section 461(I) excess business loss adjustment			
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 1040, 1040-S 1040-NR, line 8		10	-8,480.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			e 1 (Form 1040) 2021

## Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2021

**SCHEDULE 1** (Form 1040)

Department of the Treasur

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	3	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) $\blacktriangleright$			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit <b>24b</b>			
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 <b>24c</b>			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to section 403(b) plans <b>24g</b>			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) <b>24h</b>			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1(Form 1041) <b>24k</b>			
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 to in</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 01/17/22 PRO