## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submi	ission Identification Number (SID)			-						
Taxpaye	er's name		Social securi	security number						
SAII	KIRAN AKABILVAM	709-66-7185								
Spouse'	's name		Spouse's social security number							
KAV	YA SREE MUPATHKAL		981-97	97-9946						
Part	Tax Return Information — Tax Year Ending December 31,	2021 (Enter	year you a	re aut	horizi	ng.)				
Enter v	whole dollars only on lines 1 through 5.									
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.									
1	Adjusted gross income			1			599.			
2	Total tax			2			147.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3			<u>695.</u>			
4	Amount you want refunded to you			4		10,	948.			
5	Amount you owe			5		. 4				
Part	II Taxpayer Declaration and Signature Authorization (Be sure penalties of perjury, I declare that I have examined a copy of the income tax return (or									
to send for any Agent t paymen authoric paymen busines taxes t person	(original or amended) I am now authorizing. I consent to allow my intermediate serviced my return to the IRS and to receive from the IRS (a) an acknowledgement of receiped delay in processing the return or refund, and (c) the date of any refund. If applicable to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution for my federal taxes owed on this return and/or a payment of estimated tax, and the zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment as days prior to the payment (settlement) date. I also authorize the financial institution receive confidential information necessary to answer inquiries and resolve issue all identification number (PIN) below is my signature for the income tax return (original).	t or reason for reje, I authorize the U. aution account indice financial institution Agent to terminate a cancellation requires involved in the significant of the passion	ction of the tr S. Treasury a cated in the tr n to debit the the authorizates must be processing of ayment. I furn	ansmised and its control of the cont	sion, (i lesigna aration o this a o revo yed no ectronic knowle	b) the ited Find software countries the contries the cont	reason nancial vare for nt. This ncel) a than 2 nent of hat the			
	nic Funds Withdrawal Consent.					_				
· · ·	yer's PIN: check one box only		6	7 1	. 8	5				
×	I authorize GLOBAL TAXES LLC to er	nter or generate r	ř En	ter five		out	as my			
	signature on the income tax return (original or amended) I am now author	izing.	do	n't ente	r all zer	os				
	I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN <b>and</b> your return is filed using the Practi below.	ımended) I am no								
Your s	signature ►	Date ▶ _								
Spous	se's PIN: check one box only		_			_				
X		nter or generate r	nv PIN 7	9 9	4	6	as my			
	ERO firm name	itor or gonorato i	,	ter five			ao iiiy			
	signature on the income tax return (original or amended) I am now author	izing.	do	n't ente	r all zer	os				
	I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN <b>and</b> your return is filed using the Practibelow.									
Spous	se's signature ▶	Date ►								
	Practitioner PIN Method Returns Only—c									
Part	III Certification and Authentication — Practitioner PIN Method	l Only								
ERO's	S EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	I PIN. 5 8	7 2 7 Don't ent	8 6	1 9	8	9			
			Jon t ent	un 26	. 00					
authori	y that the above numeric entry is my PIN, which is my signature for the electronic in zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirments of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS expressions of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS expressions.	m that I am submi	tting this retu	ırn in a	ccorda	ince v				
ERO's	signature ►	Date ►								
	ERO Must Retain This Form — See I									
	Don't Submit This Form to the IRS Unless Re	equested To D	o So							

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

_													
Filing Status Check only one box.	If yo	ou checked the MFS box, enter the	— name of	ied filing separately your spouse. If you	` ,	_		` ,	_	, ,	` , ` ,		
Your first name	•	son is a child but not your depender	Last n	ame					Your so	ocial secur	rity number		
SAIKIRAN AKABILVAM										709-66-7185			
		s first name and middle initial	Last n								ecurity number		
KAVYA SI				ATHKAL					1 '	981-97-9946			
		er and street). If you have a P.O. box, see						Apt. no.			tion Campaigr		
1119 S								7 (511 1101	1	here if you			
		ce. If you have a foreign address, also c	omplete	spaces below.	Sta	ate	ZI	P code	spouse	if filing joi	intly, want \$3		
STILLWA'		,			OI			4074		this fund low will no	. Checking a		
Foreign country				Foreign province/state				reign postal code	7	x or refund	•		
	,					,		3		You	Spouse		
At any time du	ıring 20	D21, did you receive, sell, exchange	, or oth	erwise dispose of a	any fina	ancial inter	est in a	ny virtual curre	ency?	Yes	⊠ No		
Standard	Som	eone can claim: You as a de	epender	nt Your spo	use as	a depende	ent						
Deduction			pouse itemizes on a separate return or you were a dual-status alien										
	_	·											
		: Were born before January 2,	1957	Are blind S	pouse	: U Was	s born b	pefore January			olind		
Dependent	ndents (see instructions):			(2) Social security (3) Relationship number to you			1	•	or (see instr	,			
If more	(1) First name Last name		number			to you		Child tax o	credit	Credit for o	other dependents		
than four dependents,								+			<u> </u>		
see instruction	s							<u> </u>			<del> </del>		
and check here ▶								<u> </u>			<del> </del>		
			- ()	111.0									
Attach	_1_	Wages, salaries, tips, etc. Attach	1` ′	W-2					. 1		L32,599.		
Sch. B if	2a	Tax-exempt interest	2a			axable inte			. 2t				
required.	3a	Qualified dividends	3a			<ul><li>b Ordinary dividends</li><li>b Taxable amount</li></ul>			. 3b				
	4a	IRA distributions	4a						. 4b				
	5a	Pensions and annuities	5a			axable am			. 5b				
Standard Deduction for—	6a	Social security benefits	6a	*C		axable am			. 6b				
Single or	7	Capital gain or (loss). Attach Sche		it required. It not re	equirea	і, спеск пе	ere .						
Married filing separately,	8 9	Other income from Schedule 1, li		This is your tatal in					. 8 • 9		<u>0.</u> 32,599.		
\$12,550	10	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		•	icome				. 10		.34,399.		
Married filing jointly or		Adjustments to income from Scho	,						· 10		32,599.		
Qualifying widow(er),	11 12a	Subtract line 10 from line 9. This i Standard deduction or itemized	•				12a	25,10		<u> </u>	.32,399.		
\$25,100	b	Charitable contributions if you take		,	,	· ·	12a	23,10					
Head of household,	С	Add lines 12a and 12b	סום שווה	indard deduction (Si	<del>56</del> 111511	1 40 (10115)	120		. 12		25,100.		
\$18,800 If you checked	13	Qualified business income deduc	· · · tion from		 rm 800	 25_Δ			. 13		<u> </u>		
any box under	14	Add lines 12c and 13		11 1 OIIII 0333 OI FO	1111 038				. 14		25,100.		
Standard Deduction,	15		 L from li	ne 11 If zero or les	s ente	 er -O-			. 15	_	07,499.		
see instructions.	13	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0									.01,422.		

	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌 _			16	15,147.
	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	15,147.
	19	Nonrefundable child tax credit or credit for o	other depender	nts from Schedule	8812			19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0					22	15,147.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21				23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>					1	24	15,147.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	24,6	95.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	24,695.
	26	2021 estimated tax payments and amount a						26	·
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)			27a				
attach Sch. EIC.		Check here if you were born after Janu							
		January 2, 2004, and you satisfy all th	ne other requi	rements for					
		taxpayers who are at least age 18, to claim	1 1	structions ► ∐					
	b	Nontaxable combat pay election			_				
	С	Prior year (2019) earned income							
	28	Refundable child tax credit or additional child			28				
	29	American opportunity credit from Form 886	,		29				
	30	Recovery rebate credit. See instructions .			30	1,4	00.		
	31	Amount from Schedule 3, line 15			31				1 400
	32	Add lines 27a and 28 through 31. These are					1	32	1,400.
	33	Add lines 25d, 26, and 32. These are your to						33	26,095.
Refund	34	If line 33 is more than line 24, subtract line 2			-	-		34	10,948.
D: 1.1 '10	35a	Amount of line 34 you want <b>refunded to yo</b>	35a	10,948.					
Direct deposit? See instructions.	▶b	Routing number 1 0 3 0 0 0 0 Account number 3 0 5 0 0 7 7							
	► d								
A	36	Amount of line 34 you want applied to your			36	12		07	
Amount You Owe	37	Amount you owe. Subtract line 33 from line			1 1	actions .	•	37	
	38	Estimated tax penalty (see instructions) .			38				
Third Party Designee		you want to allow another person to dis				Yes. Comp	olete h	alow	X No
Designee		ignee's	Phone			Personal			
		ne ►	no. ▶			number (			
Sign		ler penalties of perjury, I declare that I have examin-							
Here	beli	ef, they are true, correct, and complete. Declaration	of preparer (other		ased on all	information of			, ,
11010	You	r signature	Date	Your occupation			1		nt you an Identity N, enter it here
Joint return?				DEVELOPER				nst.) ▶	N, enter it here
See instructions.	Spo	buse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat	ion		If the	IRS ser	nt your spouse an
Keep a copy for							Identi	ty Prote	ection PIN, enter it here
your records.				HOME MAKER	۲		(see ir	nst.) ▶	
		ne no. (551)214-8478	Email address	SAIKIRAN08	1				
Paid		parer's name Preparer's signa			Date		IN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/18	3/2022 PO	2082	703	Self-employed
Use Only		n's name ► GLOBAL TAXES LLC					Phone	∍ no. (	678)965-9522
	Firr	n's address ▶ 2530 Pebble Creek I	Ln Cumming	g GA 30041			Firm's	EIN ►	30-1017196
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 04/0	9/22 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

Page **2** 



# Oklahoma Individual Income Tax Declaration for Electronic Filing

NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511-NR. See instructions on Page 2 to determine if you are required to send Form 511-EF to the OTC.

**2021** Form 511-EF

Your first name and middle initial	Last name		Your social									
SAIKIRAN A	security number	7	0	9	6	6	7	1	8	5		
If a joint return, spouse's first name and middle	Spouse's social											
KAVYA SREE M	security number	9	8	1	9	7	9	9	4	6		
Mailing address (number and street, including a	<u>UPATHKAL</u> apartment number, rural route	e or PO Box)									Г	
1119 S LANDRY LN								Fi	iling	statu	IS	2
City, State, ZIP				T-4-		l			4!	[		
STILLWATER	OK 7407	4		Tota	ı nur	nber	or e	xem	ptio	ns		2
Part One - Tax Return Information (whole dollars only)												
1 Oklahoma Adjusted Gross Income (5	11, Line 7) <b>or</b>											
Adjusted Gross Income: All Source	s (511-NR, Line 7)				1					1325	99	00
2 Oklahoma Income Tax and Use Tax (	511, Line 21 or 511-NR, Li	ine 25)		7	2							00
3 Oklahoma Income Tax Payments and	Credits (511, Line 32 or 5	511-NR, Line	: 33)	[	3							00
4 Refund (511, Line 37 or 511-NR, Line	38)			7	4							00
5 Balance Due (511, Line 42 or 511-NR	, Line 43)				5						0	00
For a balance due return with an electron balance due return with a non-electron Internal Revenue Code (IRC) of the IRS timely. If the due date falls on a weeker	ic payment, enclose a payr provides for a later due da	ment with the ate, your payı	511-V and submit o	n or b y the	efore later	the due	due d date a	date o	of Ap will b	ril 15t e cons	h. If	
Part Two - Declaration of Ta	axpayer											
6a X I consent that my refund be di	rectly deposited as designates is an irrevocable appointm	ed in the electent of the other	ronic portion of my 20 er spouse as an agen	21 Ol to red	klaho ceive	ma in the re	come efund	tax r	returr	٦.		
6b I authorize the Oklahoma Starentry to the financial institution												
and/or a payment of estimate receive confidential information	d tax. I also authorize the fina	ancial institution	ons involved in the pro	cessi	ng of	the e						
If I have filed a balance due return, I understa will remain liable for the tax liability and all ap			OTC) does not receive	e full a	and ti	mely	paym	nent c	of my	tax lia	bility	<i>ı</i> , I
Under penalties of perjury, I declare I have co Originator (ERO), and the amounts described tax return. To the best of my knowledge and be panying schedules and statements, be sent to	I in Part One above, agree woellef, my return is true, corre	ith the amoun	ts shown on the corre	spond	ding li	nes o	f my	Ź021	Okla	homa	inco	
In addition, by using a computer system and a Commission of all information pertaining to m									Okla	homa	Tax	
Sign	,		·					•				
Here:Your Signature	Date	Snouse's	Signature (If joint r	oturn	hoth	mus	t ein	n)		ate		
Tour Signature		Spouse s	o orginature (ii joint i	ctuiii,	DOLI	iiius	or sig	·'' <i>,</i>		ale		
Part Three - Declaration of Electronic Return Originator (ERO) and Paid Preparer  I declare I have reviewed the above taxpayer's return and the entries on Form 511-EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511-EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511-EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.												
ERO Use Only		04/1	8/2022									
ERO or Paid Preparer's Signature Paid Preparer		Date	PTI	N								
Use Only Paid Preparer Signature		04/1 Date	8/2022 P02	082' N	703							
Firm name (or yours if self-employed), SYAM	PRIYA RAM SAGAR (			14								
address and ZIP 2530 PEBBLE CREEK LN CUMMING GA 30041  Phone number (678_) 965-9522												

# FAILURE TO SUBMIT THIS PAGE WILL DELAY PROCESSING OF YOUR RETURN











## **Oklahoma Resident Income Tax Return**

Your Social Security Number  Spouse's Social Security Number (joint return only)					. Albin	AMENDED RETURN!  Place an 'X' in this box if						
-	709-66-7185	Place an 'X' in this box if this taxpayer is deceased	981	-97-9946		Place an 'X' in box if this tax is deceased	payer	this is an amended 511. See Schedule 511-I.				
Nan	ne and Address - Please I	Print or Type										
Your f	irst name	Middle initial Last name		If a joint re	turn, spouse's f	first name	Middle initi	al Last na	ame			
SAI	IKIRAN	AKABIL	MAV	KAVY	A SREE			MUE	ATH	ζAL		
Mailin	g address (number and street, inclu	ding apartment number, rural rou	ute or PO Box) Ci	ity		State	ZIP or Pos	tal Code	Cour	ntry		
111	19 S LANDRY LN		S	STILLWATE	ER	OK	74074	1				
	1 Single			* Note	: If claiming \$	Special Exem	ption, see ins	structions	on pag	e 9 of 5	11 Packet.	
					Yourse	Regular	* Special	Blind	Ь		]	
	2 ^ Married filing joi	int return (even if only on	e had income)			1	**		╏	1	(a)	
Status	3 Married filing se	•	Alia da a la susa		Spouse	1	+ +			1	(b)	
Filing S	Name	o filing, list name and SS	SN	Exemptions		Numb	er of depe	ndents			(c)	
臣		Add the Totals from boxes (a), (b								2		
	Head of household with qualifying person  Note: If you may be claimed as a dependent Total box for your regular exemption.										nter "0" in the	
		w(er) with dependent chi		Age	SE or Old	er? (Please s	noo inatruotiona		Yours	e olf	Spouse	
	1 lodge net the year	opodoo diod iii box de ii	911.			SI (Ficuse o			1.00			
PA	RT ONE: TO ARRIV	E AT OKLAHOMA	ADJUSTE	GROSS I	NCOME			Ro	und to	Neares	st Whole Dollar	
1	Federal adjusted gross in	come (from Federal 104	0 or 1040-SR)					1		:	132599.00	
2	Oklahoma Subtractions (	provide Schedule 511-A)						2			.00	
4	Line 1 minus line 2 Out-of-state income, exce							3 132599.00				
	(Provide Federal schedule v							. 4b .00				
5	Line 3 minus line 4b							5	5 132599.00			
6	6 Oklahoma Additions (provide Schedule 511-B)								6 .00			
7 Oklahoma adjusted gross income (line 5 plus line 6)							7	7 132599.00				
PA	RT TWO: OKLAHON											
			•								0.0	
8	Oklahoma Adjustments (p	orovide Schedule 511-C)						8			.00	
9	Oklahoma income after a	djustments (line 7 minus	line 8)					9		=	132599.00	
STOP	] PAND READ: If line 4b is zero, (	complete lines 10-11. If line 4	b is more than ze	ero, see Schedu	e 511-E and o	do not comple	te lines 10-11.					

Spouse's Social Security Number

Name(s) shown

### 2021 Form 511 - Resident Income Tax Return - Page 2

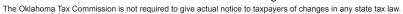
The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.



Your Social

Security Number: 709-66-7185 on Form 511: SAIKIRAN AKABILVAM & KAVYA SREE MUPATHKAL PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS continued Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350) 10 12700.00 Exemptions: Enter the total number of exemptions claimed on page 1..... 11 2000.00 11 Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-E, line 5)..... 14700.00 13 Oklahoma Taxable Income (line 9 minus line 12) 13 117899.00 (a) Oklahoma Income Tax from Tax Table (see pages 28-39 of instructions) or 14 if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14 ..... 5540.00 14a (b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14 .00 14b Oklahoma Income Tax (line 14a plus line 14b) 5540.00 14 STOP AND READ: If line 7 is equal to or larger than line 1, complete lines 15 and 16. If line 7 is smaller than line 1, complete Schedules 511-F and 511-G. Oklahoma child care/child tax credit (see instructions)..... .00 Oklahoma earned income credit (see instructions)..... 16 .00 Credit for taxes paid to another state (provide Form 511TX)..... 17 .00 Form 511CR - Other Credits Form. List 511CR line number claimed here: 18 18 .00 19 Income Tax (line 14 minus lines 15-18) Do not enter less than zero 19 5540.00 DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 42. PART THREE: TAX, CREDITS AND PAYMENTS .00 (For use tax table, see page 14 of the Packet) If you certify that no use tax is due, place an 'X' here: X Balance (add lines 19 and 20) ..... 5540.00 21 Oklahoma withholding (provide all W-2s, 1099s or other withholding statements)... 22 6061.00 22 2021 estimated tax payments ..... (qualified farmer 23 23 .00 24 2021 payment with extension ..... .00 25 .00 .00 26 Natural Disaster Tax Credit (provide Form 576)..... 27 .00 Credits from Form ......a) 577 .....b) 28 .00 28 Amount paid with original return plus additional paid after it was filed (amended return only)..... .00

### 2021 Form 511 - Resident Income Tax Return - Page 3





	e(s) shown orm 511: SAIKIRAN AKABILVAM	ocial y Number: 709	al Number: 709–66–7185					
PA	RT THREE: TAX, CREDITS AND PAY	MENTS contined						
30	Payments and credits (add lines 22-29 f	om page 2)			. 30	6061.00		
31	Overpayment, if any, as shown on original		0001.00					
	as previously adjusted by Oklahoma (ame	. 31	.00					
32	Total payments and credits (line 30 min	. 32	6061.00					
PA	RT FOUR: REFUND							
33	If line 32 is more than line 21, subtract line	21 from line 32. This is	your overpayment		. 33	521.00		
34	Amount of line 33 to be applied to 2022 esting (For further information regarding estimated	` •	* /	.00	n			
	Schedule 511-H provides you with the opportunity of the company of	. •	,					
	organizations. Please place the line numbe more than one organization, put a "99" in the			elow. If you give	to			
35	Donations from your refund (total from Sc	nedule 511-H)	35	.00	0			
36	Total deductions from refund (add lines 34	and 35)			36	00		
30	Total deductions from return (add lines 32	and 35)			. 30	.00		
37	Amount to be refunded to you (line 33 mir	us line 36)			. 37	521.00		
( D	rect Deposit Note:	refund going to or through	gh an account that is located	outside of the H	nited States?			
	-	sit my refund in my:	gir air account that is located	outside of the o	inted Otates:	Yes N No		
are	correct. If your direct denosit fails	checking account	Routing Number: 10300001	7				
deposit, you will receive a <b>debit card</b> .								
	the 511 Packet for direct deposit and it card information.	savings account	Account Number: 3050077107	42				
PA	ART FIVE: AMOUNT YOU OWE							
38	If line 21 is more than line 32, subtract line	32 from line 21. This is	your tax due		. 38	.00		
39	Donation: Public School Classroom Suppo	ort Fund <b>(original return</b>	only)		. 39	.00		
40	Underpayment of estimated tax interest (a	nnualized installment me	thad		40	.00		
40	(If you have an underpayment of estimate			,	. 40	.00		
41	For delinquent payment add penalty of 5%	)	\$		-			
	plus interest of 1.25% per month	_ 41	.00					
42	Total tax, donation, penalty and interest (a	. 42	0.00					
	,	,						
	penalty of perjury, I declare the information contained in nents and schedules, is true and correct to the best of m		ace an 'X' in this box if the Oklahoma T ay discuss this return with your tax pre					
Тахра	yer's signature Date	Spouse's signature	Date	Paid Preparer's sig	gnature	Date		
Тахра	ıyer's	Spouse's occupation		SYAM PRIYA RAM SAG Paid Preparer's ad	GAR GUPTA TALLAM dress and phone n	04/18/2022 umber (678) 965-9522		
occup	ation ELOPER	HOME MAKER		2530 PEBE				
Dayti	ne Phone	Daytime Phone		CUMMING		GA 30041		
(optio	rica)	(optional) (551)	214-8478	Paid Preparer's PT	P02082	P02082703		

<u>Do not staple</u> documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800