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 securit	y numl	per	
SAI	SRINATH JOSYULA	793-02-	-847	8	
Spouse	's name	Spouse's soc	ial seci	urity numb	per
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Ente	_ er year you a	re au	thorizin	g.)
	whole dollars only on lines 1 through 5.				<u> </u>
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	13	4,482.
2	Total tax		2	2	3,285.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	2	1,054.
4	Amount you want refunded to you		4		
5	Amount you owe		5		2,231.
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended				
to send for any Agent to payment authori payment business taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmount of the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for received layin processing the return or refund, and (c) the date of any refund. If applicable, I authorize the lot initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account industry of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminatint, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I and the With the payment (applicable).	ection of the tr J.S. Treasury and dicated in the to control debit the te the authoriza- quests must be processing of payment. I furt	ansmised and its of an and its of an and its of an	ssion, (b) designate paration s to this ac fo revoke ved no la ectronic	the reason of Financial oftware for count. This e (cancel) a ater than 2 payment of ge that the
	nic Funds Withdrawal Consent.				7
-	yer's PIN: check one box only	2	8 4	1 7 8	
×	I authorize GLOBAL TAXES LLC to enter or generate	Ent		digits, bu	
	signature on the income tax return (original or amended) I am now authorizing.	doi	1't ente	r all zeros	6
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.				
Your s	signature ▶ Date ▶				
Spous	se's PIN: check one box only				_
	I authorize to enter or generate	my PIN			as my
	ERO firm name	_	er five	digits, bu	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	3
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	/			
Part	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		8 6	1 9	8 9
		Don't ente	er all Ze	108	
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am substant and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Pincer PIN method Pub. 1345, Handbook for Authorized IRS e-file Providers of the Pincer PIN method Pub. 1345, Handbook for Pincer PIN method PI	mitting this retu	rn in a	accordan	ce with the
ERO's	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

Form 1040-V 2021 Page **2**

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2021

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99)

Form 1040-V Payment Voucher

▶ Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment > 2.231.

REV 03/12/22 PRO 155

SAI SRINATH JOSYULA

BOL NORTH FEDERAL ST LO48
CHANDLER AZ 85226

INTERNAL REVENUE SERVICE P.O. BOX 802501 CINCINNATI, OH 45280-2501

£1040

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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly under the new son is a child but not your dependen	ame of	ed filing separately (I your spouse. If you c	,	_		`	<i>'</i> —	-	, ,	` , `	_
Your first name	and mi	iddle initial	Last na	ame					Y	our so	cial securi	ty number	
SAI SRII	HTAN		JOS	YULA					7	793-0	2-847	8	
If joint return, s	pouse's	s first name and middle initial	Last na	ame					s	pouse's	s social se	curity numbe	r
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	P	resider	ntial Election	on Campaig	n
		EDERAL ST						1048	- 1		ere if you,		
		ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP	code		•	٠,	ntly, want \$3	
CHANDLE		,	·		A	Z	85	226		_	this fund. ow will not	Checking a	
Foreign country				Foreign province/state/	coun	ty	-	ign postal co			or refund.	•	
											You	Spous	е
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of an	/ fina	ancial interest	in an	y virtual cu	rrenc	y?	Yes	⊠ No	_
Standard	Som	eone can claim: You as a de	pender	nt Your spous	e as	a dependent							_
Deduction		Spouse itemizes on a separate retur	n or yo	u were a dual-status	alier	1							_
Age/Blindness	You:	Were born before January 2, 1	957 [Are blind Spe	ouse	: Was bo	rn be	fore Janua	ry 2, ⁻	1957	☐ Is bl	ind	
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip	(4) 🗸	if qual	ifies for	(see instru	ictions):	
If more	(1) F	irst name Last name		number		to you		Child ta	x cred	lit	Credit for ot	her dependent	ts
than four													
dependents, see instruction	s ——												
and che <u>ck</u>													
here ▶													
	1	Wages, salaries, tips, etc. Attach I	orm ₍ s)	W-2						1	1	24,597.	
Attach Sch. B if	2 a	Tax-exempt interest	2a		b T	axable interes	t			2b			_
required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds			3b			
	4a	IRA distributions	4a		b T	axable amoun	t.			4b			
	5a	Pensions and annuities	5a		b T	axable amoun	t.			5b			
Standard	6a	Social security benefits	6a		b T	axable amoun	t.			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	dule D	if required. If not requ	uired	, check here		🕨	• <u> </u>	7		20,235.	
Married filing	8	Other income from Schedule 1, lin	e 10							8		10,350.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome					9	1	34,482.	
Married filing	10	Adjustments to income from Sche	dule 1,	line 26						10			
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted gross inco	ne					11	1	34,482.	
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedule	A)	12	а	12,5	550.				
Head of	b	Charitable contributions if you take	ritable contributions if you take the standard deduction (see instructions) 12b										
household, \$18,800	С	Add lines 12a and 12b								12c	: :	12,550.	
If you checked	13	Qualified business income deduct	ion fron	n Form 8995 or Form	899	95-A				13			
any box under Standard	14	Add lines 12c and 13								14] :	12,550.	
Deduction,	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or less,	ente	er-0				15	1:	21,932.	

	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 📗	16	23,285.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	23,285.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	23,285.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	23,285.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	21,054.
	26	2021 estimated tax payments and amount applied from 2020 return	26	· · · · · · · · · · · · · · · · · · ·
If you have a L qualifying child,	27a	Earned income credit (EIC)		
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before		
		January 2, 2004, and you satisfy all the other requirements for		
		taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐		
	b	Nontaxable combat pay election		
	С	Prior year (2019) earned income		
	28	Refundable child tax credit or additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Recovery rebate credit. See instructions		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	01 054
	33	Add lines 25d, 26, and 32. These are your total payments	33	21,054.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
D: 1.1 '10	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	
Direct deposit? See instructions.	▶b	Routing number X X X X X X X X X X X X X X X X X X X		
	► d	Account number X X X X X X X X X		
A	36	Amount of line 34 you want applied to your 2022 estimated tax	07	2,231.
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	37	2,231.
	38	Estimated tax penalty (see instructions)		
Third Party Designee		you want to allow another person to discuss this return with the IRS? See tructions	elow	X No
Designee		signee's Phone Personal identifi		
		no. ▶ number (PIN) ▶		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Here	beli	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		,
11010	You			t you an Identity N, enter it here
Joint return?			nst.) ▶ [N, enter it fiere
See instructions.	Spo		IRS ser	t your spouse an
Keep a copy for		Identi	ty Prote	ction PIN, enter it here
your records.		(see ii	nst.) 🕨	
		one no. (602)245-5945 Email address SRINATH.5893@GMAIL.COM		
Paid		parer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/19/2022 P02082		Self-employed
Use Only			e no. (678)965-9522
	Firr	n's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's	s EIN 🕨	30-1017196
Go to www.irs.go	ov/Form	a1040 for instructions and the latest information. BAA REV 03/12/22 PRO		Form 1040 (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 ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SAI SRINATH JOSYULA

Your social security number
793-02-8478

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	Alimony received		2 a	
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	-10,350.
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		
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			
		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	_10_350

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		_	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	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	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
Z	Other adjustments. List type and amount ▶	24z			
25	Total other adjustments. Add lines 24a through 24z			 25	
26	Add lines 11 through 23 and 25. These are your adjustments here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, lin			26	

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name(s) shown on return Your social security number 793-02-8478 SAI SRINATH JOSYULA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 207,565. 187,664. 334. 20,235. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 20,235. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 20,235. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2021
Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

793-02-8478

SAI SRINATH JOSYULA

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
APEX CLEARING	03/11/21	05/03/21	1,726.	2,101.			-375.
LAMB/USDT	11/14/21	11/30/21	3,593.	3,600.			-7.
CFX/USDT	11/13/21	11/30/21	160.	160.			0.
CELR/USDT	11/13/21	11/30/21	499.	500.			-1.
BLOK/USDT	11/14/21	11/30/21	1,547.	1,550.			-3.
RSR/USDT	11/13/21	11/14/21	1,123.	1,125.			-2.
GALA/USDT	11/13/21	11/14/21	499.	500.			-1.
BINANCE	11/23/21	11/01/21	441.	376.			65.
FTX TRADES	04/01/21	11/01/21	196.	396.			-200.
MTV-USDT	11/07/21	11/14/21	49.	50.			-1.
PBX-USDT	11/07/21	11/18/21	72.	100.			-28.
CUBEUSD	10/11/21	12/08/21	111.	97.			14.
ROBINHOOD CRYPTO LLC	02/04/21	12/28/21	40,704.	35,854.			4,850.
Robinhood Securities LLC	01/19/21	12/28/21	121,850.	111,141.	W	334.	11,043.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above	al here and inc	lude on your					
above is checked), or line 3 (if Box	C above is chec	ked) ►	172,570.	157,550.		334.	15,354.

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

8949

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

793-02-8478

Attachment Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Part I

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number

SAI SRINATH JOSYULA

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) and see Column (e. from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (a) Code(s) from Amount of adjustment instructions with column (a) instructions COIN BASE- BCH 12/31/20 05/19/21 34,896. 30,113. 4,783. 01/01/21 12/31/21 99. 98. BITMART 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

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

34,995.

4,881.

negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

30,114.

SCHEDULE E (Form 1040)

Part I

Α

В С 1b

Α

В

С

Income:

3

4

6

7

8

26

Expenses: 5

Type of Property:

Single Family Residence

2 Multi-Family Residence

Advertising

Commissions.

Rents received

Royalties received .

Auto and travel (see instructions)

Cleaning and maintenance

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.

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

SAI SRINATH JOSYULA

Type of Property

(from list below)

4 Commercial

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

Sequence No. 13 Your social security number 793-02-8478 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions **B** If "Yes," did you or will you file required Form(s) 1099? Physical address of each property (street, city, state, ZIP code) ALWYN COLONY HYDERABAD TELANGANA IN 500049 Fair Rental **Personal Use** For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a **Days Days** 365 Α 0 qualified joint venture. See instructions. В C 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 6 Royalties 8 Other (describe) **Properties:** Α 550. 3 4 5 6 7 1,200. 8

9	Insurance	9						
10	Legal and other professional fees	10						
11	Management fees	11	1,8	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12						
13	Other interest	13						
14	Repairs	14	2,3	00.				
15	Supplies	15	2,7	00.				
16	Taxes	16						
17	Utilities	17	2,9	00.				
18	Depreciation expense or depletion	18						
19	Other (list)	19						
20	Total expenses. Add lines 5 through 19	20	10,9	00.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If							
	result is a (loss), see instructions to find out if you must							
	file Form 6198	21	-10,3	50.				
22	Deductible rental real estate loss after limitation, if any,							
	on Form 8582 (see instructions)	22	(10,35	0.)	()	(
23a	Total of all amounts reported on line 3 for all rental proper	rties		23a	5!	50.		
b	Total of all amounts reported on line 4 for all royalty proper	erties		23b				
С	Total of all amounts reported on line 12 for all properties			23c				
d	Total of all amounts reported on line 18 for all properties			23d				
е	Total of all amounts reported on line 20 for all properties			23e	10,90	00.		
24	Income. Add positive amounts shown on line 21. Do not	t inclu	ide any losses			24		
25	Losses. Add royalty losses from line 21 and rental real estate	losses	s from line 22. Ent	er tota	al losses here .	25	(10,350.

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

-10,350.

E-file Signature Authorization

2021

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter** SAI SRINATH JOSYULA 793 1 02 | 8478 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI) *Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 134,482 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance of Tax 4,414 00 ROUTING NUMBER 3,364 00 ☐ Checking ■ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 1,050 00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ★ AMOUNT YOU OWE: Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2021, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2021 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** X I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2021. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 18, 2022, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

DATE

SPOUSE'S PEN AND INK SIGNATURE

RETURN				140	F	ome Tax	Return	ľ		21				
RET	82F			k box 82F g under extensi	on OR FISCA	L YEAR BEGIN	NNING L		12,0,2,1	」AND ENDING				66F
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2	_			irst Name and Midd	lle Initial (if box 4 o	or 6 checked)		t Name		your	Spou		ial Security	
SE SE	1									SSN	(s).	1	1	
Ξ	_	Curre	nt Ho	me Address - numb	er and street, rura	I route	I		Apt. No.	Day	time Phone	(with ar	ea code)	
ANY ITEMS TO THE	2	803	1 NO	ORTH FEDERAL	ST				1048	94	(602)24	5-594	5	
¥		City, 1	own	or Post Office	St	ate		ZIP Code		Last Names Use	d in Last Fou	r Prior Ye	ar(s) (if diffe	erent)
Ш	3	CH	ANDI	LER	A	Z		85226						97
AP	TATUS	4		Married filing joint r	eturn 4a 🗌 In	jured Spouse F	rotection	of Joint Ov	erpayment	REVENUE USE	ONLY. DO N	OT MARK	(IN THIS AI	REA.
ST	ΙAΤ	5	_	Head of household		lifying child or de	pendent o	n next line:		88				
DO NOT STAPLE	100													
Z	ING	6		Married filing separ	ate return. Enter s	pouse's name an	d Social S	Security Numb	oer above.					
2	밀	7		Single										
			Ψ	Enter the number o		put a check m	ark.							
	0	8		Age 65 or over (you		If completing line			*	81 PM		80 RC	- ND	
	and 10b	9		Blind (you and/or s	· · ·	39, and 41. For li				81 F W		80 1	JVD	
	and	10a		Dependents: Under	•	10b Dep	endents:	Age 17 and	l over.					
	10a	11a		Qualifying parents						 				
	nts		(Bo	x 10a and 10b): De	ependent Informat (a)	ion. See instru		-or more s _l b)	pace, check t	ne box and	complete p	Dage 4, F	art 1.	
	- Dependents			FIRSTA	ND LAST NAME		•	CURITY NO.	RELATIONSHI	P NO. OF MONTHS	1 /- `.'.		if you did no	t claim
	ebe			(Do not list	yourself or spouse.)					LIVED IN YOUR HOME IN 2021	1	2 fe	this person on ederal return d	your lue to
	a - D				I						(Box 10a) (B	ox 10b)	educational cr	Buils
	and 11a	10c										╡	- -	
		10d										∺⊹	+	-
	8, 9,	10e							_					
0	suc		(Во	x 11a): Qualifying p	parents and grand (a)	parents. See ir		ns. For mor b)	e space, chec	k the box an (d)	d complete	page 4,	Part 2.	
14	Exemptions 8,			FIRSTA	ND LAST NAME			CURITY NO.	RELATIONSHI	P NO. OF MONTHS			✓ IF DIED	IN
ents after Form 140.	Exer			(Do not list	yourself or spouse.)					HOME IN 2021	OVE	R	2021	
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ter		11b									⊢⊢		- 片	
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Jer	V			federal depreciation										00
Ħ				Additions to Incom										00
ō				otal: Add lines 14 thr	•					. •		1	34,482	
AZ schedules or other docum				net capital gain or (, 235 00			
ņ		21	Total	net short-term capit	tal gain or (loss).	See instructions			2	21 20	, 235 00			
ÿ		22	Total	net long-term capita	al gain or (loss). Se	ee instructions			2	22	00			
S				ong-term capital gai										
Ą		24	Multip	oly line 23 by 25% (.25) and enter the	result							0	00
<u>n</u>		Ihis	oox ma	ay be blank or may con	ntain a printed barco I.S. C.II W. 1971 H.I.	de of data from yo	our return. (, ,) 	= • · · · · · ·		lified small busines	I			00
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Place any required federal and									butions: 34 a 529		00			
ž								1	9A (ARI F)		and 34h 34C			00

	Your	Name (as shown on page 1)	Your Social Security N	lumber		
	SA	SRINATH JOSYULA	793-02-847	8		
l	25	Subtract lines 24 through 24s from line 40		Г	134,482	<u></u>
	35	Subtract lines 24 through 34c from line 19		ī	134,402	0
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched			134,482	$\overline{}$
Suc	37	Subtract line 36 from line 35. Enter the difference		T I	134,402	$\overline{}$
ptic	38	Age 65 or over: Multiply the number in box 8 by \$2,100				0
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500				0
ш	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				0
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			124 400	0
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".			134,482	
	43	Deductions: Check box and enter amount. See instructions			12,550	
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. See in	structions	. 44	101 000	0
ă	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		. 45	121,932	
Balance of Tax	468	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables		. 46a	4,414	$\overline{}$
92	461	m p If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcha	irge. Enter the amount	46b		00
alar	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30		47		0
æ	48	Subtotal of tax: Add lines 46a, 46b and 47. Enter the total		48	4,414	0
	49	Dependent Tax Credit. See instructions		49		00
	50	Family income tax credit (from the worksheet - see instructions)		50		00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61		51		00
nd its	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than	line 48, enter "0"	52	4,414	0
rts a	53	2021 AZ income tax withheld	<u></u>	53	3,364	0
Total Payments and Refundable Credits	54	2021 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54a and 54l			00
Pay	55	2021 AZ extension payment (Form 204)				00
otal	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
	57	Property Tax Credit from Arizona Form 140PTC				00
υĦ	58	Other refundable credits: Check the box(es) and enter the total amount				00
me ol	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			3,364	
Tax Due or Overpayment	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines			1,050	_
Š [¤]	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayme		ſ		00
Ŋ	62	Amount of line 61 to be applied to 2022 estimated tax				0
Gifts		Balance of overpayment: Subtract line 62 from line 61. Enter the difference				00
ary		- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools		- 1		10.
Voluntary	٠.	Child Abuse Prevention 66 00 Domestic Violence Services 67 00 Political Gift		7		
9				_		
ج.		Neighbors Helping Neighbors 69 00 Special Olympics		_		
enalty	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian		<u> </u>		
Pe		Estimated payment penalty		76		00
	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included		, 0		100
_ be		Add lines 64 through 74 and 76; enter the total		70		0
Refund or Amount Owed	78 79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80				00
efur ount	19	Direct Deposit of Refund: Check box 79 A if your deposit will be ultimately placed in a foreign account ; see	e instructions. 79A	. ' 9		101
A W		C Checking or ROUTING NUMBER ACCOUNT NUMBER		_		
		98 S Savings				
	80	, ,			1 050	
	_	and include with your return			1,050	
		onder penalties of perjury, i declare that i have read this return and any documents with it, and to true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati				ا '
lш		and, correct and complete. Becautation of property (early, than taxpayor) to becode on an information	on or which propar	or mad c	my miowioago.	
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SIGN	→					
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PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 03192022 GLOBAL TAXES L				
A		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	SELF-EMPLOYED)			-
۳		2530 Pebble Creek Ln	30-101			
4		PAID PREPARER'S STREET ADDRESS	PAID PREPA	RER'S TIN	1	
		Cumming GA 30041	(678)9			_
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPA	RER'S PH	ONE NUMBER	

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Arizona Form AZ-140V

Arizona Individual Income Tax Payment Voucher for Electronic Filing

EPV 2021

Your First Name and Middle Initial		Last Name				cial Secu	rity Number
1 SAI SRINATH		JOSYULA		Ente	793	02	8478
Spouse's First Name and Middle Initia	al	Last Name		your	Spouse	's Social	Security No.
1				SSN	(s).	1	I
Current Home Address - number and	street, rural route		Apt. No.	Day	time Phone (w	ith area	code)
2 801 NORTH FEDERAL ST			1048	94	(602)245	-5945	
City, Town or Post Office	State	ZIP Code			E ONLY. DO NO	T MARK II	N THIS AREA.
3 CHANDLER	AZ	85226		[88]			
Please indicate the filing status ☐ Married filing joint return ☐ Head of household: Enter name		endent on next line.					
☐ Married filing separate return☒ Single	Enter spouse's name and	Social Security Nun	nber above.	81 PM		80 RCV	D
Enter the amount of payment	analosad				" \$Г		1,050 00
Enter the amount of payment	#110103#U				DI		± ,000000

If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- Do not send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2021 Tax" and 140 on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- ✓ Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 18, 2022. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

ADOR 10944 (21) 1555 REV 02/19/22 PRO

THE FORM.		Arizona Form 140ES	Individual Esti	mated Inco	ome Tax	Payment	FOR CALENDAR YEAR 2022
포	- .			0.4 0000			0 0
707	<u>In</u>	nis estimated payment is for tax our First Name and Middle Initial	year ending Decemb	er 31, 2022, o Last Name	or for tax ye	ear ending:	Your Social Security Number
		SAI SRINATH		JOSYULA		Enter	793 02 8478
ANY ITEMS		pouse's First Name and Middle Initial (i	filing joint)	Last Name		your	Spouse's Social Security No.
<u></u>	1					SSN(s).	
		urrent Home Address - number and stre	eet, rural route		Apt. No.		Phone (with area code)
P		301 NORTH FEDERAL ST ity, Town or Post Office	State	ZIP Code	1048		2)245-5945 Y. DO NOT MARK IN THIS AREA.
DO NOT STAPLE	_	CHANDLER	AZ	85226		88	I. DO NOT MARK IN THIS AREA.
TOI						1	
0	\Box	Check if this payment is on beha	If of a Nonresident Co	omposite retu	rn - 140NR		
Ω	STOP	• DO NOT USE THIS FORM TO	MAKE DELINQUENT II	NCOME TAX F	AYMENTS.		
	Olur	 Use this form only for mailing e 	stimated payments.				
	1 P	ayment: You must round your est	imated payment to a wh	ole dollar (no d	ents).	81 PM	80 RCVD
	Е	Inter the amount of payment enclo	sed 9	2	63 00		00
				is made			
		Check only <u>one</u> box for the quarter To not select more than one quarter	• •		each quarte	er for which a paym	nent is made
		·		parato form for	ouon quant	or ion inner a pay	ioni io mado.
		ayment for calendar year filers ar					
		1st Quarter – January to March Because April 15, 2022 is a federal ho	•		avment		
	-	2nd Quarter – April to June Du		ione to make and p	.,		
	-			4= 0000			
		3rd Quarter – July to September	Due date is September	15, 2022.			
		4th Quarter – October to Decemb	•	•		47 2022 to make this w	
	L	Because January 15, 2023 falls on a S	unday and January 16, 2023 is	s a noliday, you nav	e untii January	17, 2023 to make this p	аутепт.
	P	ayment for fiscal year filers are d	ue as follows:				
		1st Quarter – 15th day of the fou	rth month of the current fis	cal year.			
		2nd Quarter – 15th day of the six	th month of the current fisc	cal year.			
		3rd Quarter – 15th day of the nin	th month of the current fisc	cal year.			
		4th Quarter – 15th day of the firs	t month of the next fiscal ye	ear.			
		If any of the du the required payment	ie dates fall on a Satu				
							, and day.
		If you are mailing this pay	ment:				
		To ensure proper applicat	• • •	•			
		, ,	mit this form in its enti	•			
		· · ·	or money order payable			Revenue.	
			Tax Year 2022" and "14				
			le on behalf of a Nonre nd the entity's EIN on y		osite returi	1 , write "Composit	e 140NR",
			nent with this form.				
			epartment of Revenue, F	PO Box 29085,	Phoenix, AZ	85038-9085.	
		Be sure to review your estim					nr.
	If you are making an electronic payment						
			ake this estimated	payment h	v eCheck	or credit card!	
			erican Express ♦ Visa		Card ♦ Mas		
		Click	on "Make a Payment"	_		Dayment Type	

THE FORM.			Arizona Form 140ES	Individual Esti	mated Inco	ome Tax	Payment	FOR CALENDAR Y	EAR
뿓	т	hie eeti	mated payment is for ta	ıx vear ending Decemb	er 31 2022 d	or for tax v	ear ending: 1		i
2	 ;	Your First	Name and Middle Initial	ix year enaing become	Last Name	or for tax y		Your Social Security	Number
	-		RINATH		JOSYULA		Enter		478
ANY ITEMS	_	Spouse's	First Name and Middle Initia	(if filing joint)	Last Name		your SSN(s)	Spouse's Social Sec	urity No.
Ž	11	Current H	lome Address - number and s	treet rural route		Apt. No.		ne Phone (with area cod	<u> </u>
			ORTH FEDERAL ST	arcet, rurai route		1048		502)245-5945	(C)
API			n or Post Office	State	ZIP Code		REVENUE USE ON	NLY. DO NOT MARK IN TH	IS AREA.
LSI	3	CHAND	LER	AZ	85226		<u> 88 </u>		
DO NOT STAPLE		Check	if this payment is on be	nalf of a Nonresident Co	omposite retu	rn - 140 N R			
	ST0		NOT USE THIS FORM T e this form only for mailing		NCOME TAX F	AYMENTS.			
	_		, ,						
		•	nt: You must round your e e amount of payment end			63 00	81 PM	80 RCVD	
			only <u>one</u> box for the quar select more than one quar			each quart	er for which a nav	yment is made	
			·		parate form for	each quant	er ioi wilicii a pag	yment is made.	
			t for calendar year filers						
			st Quarter – January to March ecause April 15, 2022 is a federal			ayment.			
			nd Quarter – April to June	Oue date is June 15, 2022 .					
		☐ 3r	d Quarter – July to Septemb	er Due date is September	15, 2022.				
		☐ 4t	h Quarter – October to Dece	mber Due date is January	15, 2023.				
		Ве	ecause January 15, 2023 falls on	a Sunday and January 16, 2023 is	a holiday, you hav	e until January	17, 2023 to make this	s payment.	
		Paymen	t for fiscal year filers are	due as follows:					
		1s	st Quarter – 15th day of the f o	ourth month of the current fis	cal year.				
		2r	nd Quarter – 15th day of the s	sixth month of the current fisc	cal year.				
		☐ 3r	rd Quarter – 15th day of the r	inth month of the current fisc	cal year.				
		☐ 4t	h Quarter – 15th day of the f	rst month of the next fiscal y	ear.				
	•			due dates fall on a Satu nt for that quarter by m					
		If	you are mailing this p	ayment:					
		Т	o ensure proper applic	ation of this payment,	be sure that yo	u:			
			✓ Complete and s	ubmit this form in its enti	rety. Do not cu	ıt this page	in half.		
			√ Make your chec	c or money order payable	to Arizona De	partment of	Revenue.		
			✓ Write your SSN,	"Tax Year 2022" and "14	0ES" on your p	ayment.			
				ade on behalf of a Nonre and the entity's EIN on y		site retur	n , write "Compos	site 140NR",	
				ment with this form.					
			•	Department of Revenue, F					
		В	se sure to review your est	mated income and adjust	t your payment	s as necess	sary during the y	ear.	
		If	you are making an ele	ectronic payment					
				make this estimated nerican Express ♦ Visa www.		Card ♦ Mas		!!	
				ck on "Make a Payment" a	and select "140	ES" as the			
			✓ Do	not mail this form. We w	will apply this p	ayment to	your account.		

FORM.		Arizona Form 140ES	Individual Esti	mated Inc	ome Tax	Payment	FOR CALENDAR YEAR 2022
뿓	Thie	estimated payment is for to	ay year ending Decemb	er 31 2022 i	or for tax v	ear ending: I	1 , 12,0, , 1
[일		First Name and Middle Initial	ax year ending Decemb	Last Name	or ior tax y	ear ending.	Your Social Security Number
_	1 SA	I SRINATH		JOSYULA		Enter	793 02 8478
₽,		use's First Name and Middle Initia	l (if filing joint)	Last Name		your	Spouse's Social Security No.
ANY ITEMS	1					SSN(s).	
		ent Home Address - number and	street, rural route		Apt. No.		Phone (with area code)
[뜻		1 NORTH FEDERAL ST	,		1048		02)245-5945
Ĭ,	_ `	Town or Post Office	State	ZIP Code		REVENUE USE ON	LY. DO NOT MARK IN THIS AREA.
Z I	3 CH	ANDLER	AZ	85226			
DO NOT STAPLE	ТОР	eck if this payment is on be DO NOT USE THIS FORM T Use this form only for mailing ment: You must round your e	O MAKE DELINQUENT In estimated payments.	NCOME TAX F	PAYMENTS		80 RCVD
	Ent	er the amount of payment en	closed	\$ 2	263 00		
2	Do	eck only one box for the quar not select more than one quar ment for calendar year filers	ter. You must submit a se		each quart	<i>ter</i> for which a pay	ment is made.
		1st Quarter – January to Marcl					
		Because April 15, 2022 is a federal	holiday, you have until April 18, 2	2022 to make this p	ayment.		
		2nd Quarter – April to June	Due date is June 15, 2022 .				
	×	3rd Quarter – July to Septemb	er Due date is September	15, 2022.			
		4th Quarter – October to Dece Because January 15, 2023 falls on			ve until Januar	y 17, 2023 to make this	payment.
	Pav	ment for fiscal year filers are					
	G	1st Quarter – 15th day of the fo		scal vear			
	-	2nd Quarter – 15th day of the		•			
	+	<u> </u>					
	1	3rd Quarter – 15th day of the r	ninth month of the current fisc	cai year.			
		4th Quarter – 15th day of the f	irst month of the next fiscal y	ear.			
			due dates fall on a Satuent for that quarter by m				
		If you are mailing this p	ayment:				
		To ensure proper applic	ation of this payment,	be sure that yo	ou:		
		✓ Complete and s	ubmit this form in its enti	rety. Do not c	ut this page	e in half.	
		✓ Make your chec	k or money order payable	to Arizona De	partment o	f Revenue.	
		✓ Write your SSN	, "Tax Year 2022" and "14	0ES" on your լ	payment.		
			ade on behalf of a Nonre		osite retur	n , write "Composi	ite 140NR",
			and the entity's EIN on y	our payment.			
			yment with this form.	00 Dec 20005	Dhares 1	7 05020 0005	
		·	Department of Revenue, F				ar.
		Be sure to review your est	imated income and adjust	t your paymen	ts as neces	sary during the ye	edr.
		If you are making an ele	ectronic payment				1
		Aı		a ♦ Discover (AZTaxes.go	Card ♦ Ma v	sterCard	!
			ick on "Make a Payment" a not mail this form. We w				

THE FORM.		Arizona Form 140ES	Individual Esti	mated Inco	ome Tax	Payment	FOR CALENDAR YEAR 2022
뿚	т	This estimated navment is	for tax year ending Decemb	er 31 2022 d	or for tax v	ear ending: 1	
2	' ,	Your First Name and Middle Init	ial	Last Name	n for tax y		Your Social Security Numbe
	_	SAI SRINATH		JOSYULA		Enter	793 02 8478
ANY ITEMS	_	Spouse's First Name and Middl	e Initial (if filing joint)	Last Name		your SSN(s).	Spouse's Social Security No
¥	11	Current Home Address - numbe	or and street rural route		Apt. No.		Phone (with area code)
		801 NORTH FEDERAL			1048		2)245-5945
V		City, Town or Post Office	State	ZIP Code		REVENUE USE ONL	Y. DO NOT MARK IN THIS AREA
I.S.I	3	CHANDLER	AZ	85226		<u> 88 </u>	
DO NOT STAPLE		· -	on behalf of a Nonresident Co	•			
_	ST0		DRM TO MAKE DELINQUENT I nailing estimated payments.	NCOME TAX F	AYMENTS.		
	1	Payment: You must round	your estimated payment to a wh	nole dollar (no d	ents).	81 PM	80 RCVD
		Enter the amount of payme	nt enclosed	\$2	63 00		00
		_	e quarter for which this payment e quarter. You must submit a se		each quart	Ler for which a payr	ment is made.
		Payment for calendar year	filers are due as follows:				
			March Due date is April 15, 202	22.			
		Because April 15, 2022 is a	federal holiday, you have until April 18, 2	2022 to make this p	ayment.		
		2nd Quarter – April to Ju	une Due date is June 15, 2022 .				
		3rd Quarter – July to Se	ptember Due date is September	15, 2022.			
		4th Quarter – October to	December Due date is January	15, 2023.			
			falls on a Sunday and January 16, 2023 is	•	e until January	17, 2023 to make this p	payment.
		Payment for fiscal year file	rs are due as follows:				
		1st Quarter – 15th day o	of the fourth month of the current fis	scal year.			
		2nd Quarter – 15th day	of the sixth month of the current fisc	cal year.			
		3rd Quarter – 15th day	of the ninth month of the current fisc	cal year.			
		4th Quarter – 15th day	of the first month of the next fiscal y	ear.			
			of the due dates fall on a Satu payment for that quarter by m				
		If you are mailing	this payment:				
		To ensure proper a	pplication of this payment,	be sure that yo	u:		
		✓ Complete	and submit this form in its enti	rety. Do not c	ıt this page	in half.	
		· ·	r check or money order payable			Revenue.	
		· ·	r SSN, "Tax Year 2022" and "14				_
			It is made on behalf of a Nonre 2022" and the entity's EIN on y		osite retur	n , write "Composit	te 140NR",
		✓ Include yo	our payment with this form.				
		✓ Mail to A	rizona Department of Revenue, F	PO Box 29085,	Phoenix, AZ	85038-9085.	
		Be sure to review yo	ur estimated income and adjust	t your payment	s as necess	sary during the yea	ar.
		If you are making	an electronic payment				
		You	can make this estimated American Express ♦ Visa www.		Card ♦ Mas		
			✓ Click on "Make a Payment"	and select "140	ES" as the		
			✓ Do not mail this form. We w	will apply this p	ayment to	your account.	

TAXABLE YEAR

2021

CALIFORNIA FORM

California Nonresident or Part-Year Resident Income Tax Return

540NR

API

ATTACH FEDERAL RETURN

793-02-8478 JOSY SAISRINATH JOSYULA 21

801 NORTH FEDERAL ST

APT 1048

CHANDLER AZ 85226

08-05-1993

Filing Status	1 2	X Single	nia filing status is different fro	4 He He 5 Qu	ead of household (with qua	lifying person).	See instructions.	
				Se	ee instructions.			
	3	Married	I/RDP filing separately. Enter s	spouse's/RDP's	s SSN or ITIN above and fu	II name here _		
	6	If someone car	n claim you (or your spouse/F	RDP) as a depe	endent, check the box here.	See inst	• 6	
•	For	line 7, line 8, lin	ne 9, and line 10: Multiply the i	number you en	ter in the box by the pre-pri	nted dollar amo	unt for that line.	Whole dollars only
	7	•	u checked box 1, 3, or 4 abov		•	<u> </u>		129
	8		or 5, enter 2. If you checked or your spouse/RDP) are visual		•	1 X \$129	= • \$	129
	0		ally impaired, enter 2			X \$129	= () \$	
	9		(or your spouse/RDP) are 65		_			
S	40		or older, enter 2. See instructi			X \$129	= • \$	
Ö	10	Dependents: D	o not include yourself or you Dependent 1	Ir spouse/KDF	'. Dependent 2		Dependent 3	
Exemptions		First Name		•				
î		Last Name		•)			
		SSN. See instructions.		•				
		Dependent's relationship to you		•)			
	Total	dependent exer	mptions		• 10	X \$400 =	• \$	

You	ır nar	ne: JOSYULA Your SSN or ITIN: 793-02-8478		
	11	Exemption amount: Add line 7 through line 10	• 11 \$	129
	12	Total California wages from your federal Form(s) W-2, box 16 ● 12 4274	. 00	
Total Taxable Income	13 14 15 16	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	 13 14 15 16 	134482 .00 .00 134482 .00 .00
Tota	17 18 19	Adjusted gross income from all sources. Combine line 15 and line 16	1718919	134482 .00 4803 .00 129679 .00
	31	Tax. Check the box if from:		2052
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	• 31 L	9062 00
_	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.	• 35	4121 .00
ncome	36	CA Tax Rate. Divide line 31 by line 19		
able I	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	288 .00
CA Taxable Income	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000		
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$212,288, see instructions	39	4 .00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	40	284
	41	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A	• 41	_00
	42	Add line 40 and line 41	• 42	284 .00
edits	50 51	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	• 50 .00	.00
Special Credits	52 53 54	Credit for dependent parent. See instructions • 52 Credit for senior head of household. See instructions • 53 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions • 54	.00	
	55	Credit amount. See instructions	• 55	.00

175

You	r nan	ne:	JOSYUL	A		Your SSN (or ITIN:	793-0)2-8478					
_	58	Enter	credit name	OTHER	STATE		code •	187	and amount	• 58			140	. 00
inuec	59	Enter	credit name				code •		and amount	• 59				. 00
Special Credits continued	60	To cl	aim more tha	n two credits	s. See instru	octions				. • 60				. 00
redits	61	Nonr	efundable Re	nter's Credit	. See instru	ctions				• 61				. 00
cial C	62	Add	line 50 and lir	ne 55 throug	h 61. These	are your tota	I credits .			• 62			140	. 00
Spe	63												144	. 00
	71	Alter	native Minimu	ım Tax. Atta	ch Schedule	P (540NR).				• 71				. 00
xes	72	Ment	tal Health Serv	vices Tax. Se	e instructio	ns				• 72				. 00
Other Taxes	73	Othe	r taxes and cr	edit recaptu	re. See instr	uctions				• 73				. 00
ŏ	74	Exce	ss Advance P	remium Ass	istance Sub	sidy (APAS) r	epayment.	. See inst	ructions	• 74				. 00
	75	Add	line 63, line 7	1, line 72, lir	ne 73, and li	ne 74. This is	your total	l tax		• 75			144	. 00
	81	Califo	ornia income	tax withheld	. See instru	ctions				• 81			298	. 00
	82	2021	CA estimated	d tax and oth	ner payment	s. See instruc	ctions			• 82				. 00
(0	83	With	holding (Form	n 592-B and	or 593). Se	e instructions	3			• 83				. 00
Payments	84	Exce	ss SDI (or VP	DI) withheld	l. See instru	ctions				• 84				. 00
Pay	85	Earn	ed Income Ta	x Credit (EIT	C)					• 85				. 00
	86	Youn	ıg Child Tax C	redit (YCTC)	. See instru	ctions				• 86				. 00
	87	Net F	Premium Assi	stance Subs	idy (PAS). S	See instruction	ns			. • 87				. 00
	88	Add	line 81 throug	jh line 87. Tl	nese are you	ır total payme	ents. See ir	nstruction	18	88			298	. 00
SR Penalty	91	See i	u and your ho nstructions. N u did not chec	Medicare Pai	rt A or C cov	erage is qual			x. overage	. •]			
ISB		Indiv	idual Shared	Responsibili	ty (ISR) Per	nalty. See inst	tructions .		● 91 <u> </u>			0 .00		
	92		nents after Inc ract line 91 fro							92			298	_ 00
Overpaid Tax/Tax Due	93	Indiv	idual Shared	Responsibili	ty Penalty E	alance. If line	91 is mor	re than lir		_				.00
id Tax	101									93			154	
/erpa														_00
Ó	102	Amo	unt of line 10	1 you want a	applied to yo	ur 2022 estir	mated tax			102			0	. 00

	e: JOSYULA Your SSN or ITIN: 793-02-8478			
ur nan	Overpaid tax available this year. Subtract line 102 from line 101	a 103	154	. 00
	Tax due. If line 92 is less than line 75, subtract line 92 from line 75			. 00
104	14A 440. 11 III10 32 15 1635 than 1110 76, 545that 11110 32 110111 11110 76			
		<u>Code</u>	Amount	
	California Seniors Special Fund. See instructions	• 400		00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401		. 00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403		00
	California Breast Cancer Research Voluntary Tax Contribution Fund	• 405		. 00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	• 406		. 00
	Emergency Food for Families Voluntary Tax Contribution Fund	• 407		. 00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	• 408		. 00
	California Sea Otter Voluntary Tax Contribution Fund	• 410		. 00
	California Cancer Research Voluntary Tax Contribution Fund	• 413		. 00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	• 422		. 00
	State Parks Protection Fund/Parks Pass Purchase	• 423		. 00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 424		. 00
	Keep Arts in Schools Voluntary Tax Contribution Fund	• 425		. 00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 431		. 00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438		. 00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439		. 00
	Rape Kit Backlog Voluntary Tax Contribution Fund	• 440		. 00
	Schools Not Prisons Voluntary Tax Contribution Fund	• 443		. 00
	Suicide Prevention Voluntary Tax Contribution Fund	• 444		. 00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	. • 445		. 00
	California Community and Neighborhood Tree Voluntary Tax Contribution Fund			. 00
	Add code 400 through code 446. This is your total contribution	• 120		. 00

Side 4 Form 540NR 2021

175 3134214

REV 03/08/22 PRO

You	r nan	ne:	JOSYULA	Your SSN or ITIN:	793-02-8	478			
Amount You Owe	121	Mail	OUNT YOU OWE. Add line 93, line 104 to: FRANCHISE TAX BOARD, PO BO Online – Go to ftb.ca.gov/pay for mo	X 942867, SACRAMEN					_00
Interest and Penalties		Und	rest, late return penalties, and late payerpayment of estimated tax.		F attached				-00
	124	Tota	I amount due. See instructions. Enclo	se, but do not staple, an	y payment	124			<u> </u>
	125		UND OR NO AMOUNT DUE. Subtract						154
		Mail	to: FRANCHISE TAX BOARD, PO BO	X 942840, SACRAMENT	O CA 94240-00	01 ● 125 ∟			154 .00
Refund and Direct Deposit		See All o	n the information to authorize direct of instructions. Have you verified the root the following amount of my refund Type	outing and account num	bers? Use who	le dollars only.	n belo	ow:	or a deposit slip.
and Dire			Routing number 22100024 Savings	910135313			120	Direct de	154 .00
Refund 6		The	remaining amount of my refund (line	125) is authorized for d	irect deposit int	o the account shown be	low:		
			Routing number Checking Savings	Account number		•	127	Direct de	posit amount
			Attach a copy of your complete federa						
to loc	ate FT er per	B 113 naltie	e can be found in annual tax booklets or onli it EN-SP, Franchise Tax Board Privacy Notice is of perjury, I declare that I have exan d belief, it is true, correct, and complet	e on Collection. To request th nined this tax return, incl	iis notice by mail, o	call 800.338.0505 and enter	form co	ode 948 wh	en instructed.
Your	signat	ture		Date		Spouse's/RDP's signature	(if a joir	nt tax returr	n, both must sign)
			Your email address. Enter only one	email address.					d phone number
	gn						IJ. [455945
	ere		Paid preparer's signature (declaration of SYAM PRIYA RAM SA			hich preparer has any kn	owled	ge)	
to fo	unlaw rge a		Firm's name (or yours, if self-employed)						• PTIN
Spou RDP	's		GLOBAL TAXES LLC						P02082703
	ature.		Firm's address						Firm's FEIN
Joint retur (See	n?		2530 PEBBLE CREEK	K LN CUMMING	GA 3004	1			301017196
,	uctior	ns)	Do you want to allow another person	on to discuss this tax retu	urn with us? Se	e instructions		Yes	× No
			Print Third Party Designee's Name					Telephone	Number

175 3135214

REV 03/08/22 PRO Form 540NR 2021 **Side 5**

TAXABLE YEAR

2021

California Adjustments — Nonresidents or Part-Year Residents

SCHEDULE

CA (540NR)

Important: Attach this schedule behind For	m 540NR, Side 5 a	s a supporting Ca	lifornia schedule.		
Name(s) as shown on tax return				SSN or IT	IN
SAI SRINATH JOSYULA				793028	8478
Part I Residency Information. Complete all line	es that apply to you a	nd your spouse/RDP 1	for taxable year 2021	•	
During 2021:					
1 My California (CA) Residency (Check one)	_		_	_	_
a Myself: ◉്X_ Nonresident ◉ Part-Year F	Resident 💿 Reside	ent b Spous	se: 💿 Nonresiden	t 🕑 Part-Year Re	sident 💿 Resident
			Yourself		Spouse/RDP
2 a I was domiciled in (enter two letter code, see i	nstructions)			AZ •	•
b I was in the military and stationed in (enter two	o letter code)		•		
3 I became a CA resident (enter state of prior resid	lence and date (mm/do	d/yyyy) of move)	•//	•	//
4 I became a CA nonresident (enter new state of re	esidence and date (mm	n/dd/yyyy) of move).	•//	•	/_//
5 I was a CA nonresident the entire year (enter star				$\underline{A} \underline{Z} \bullet$	
6 The number of days I spent in CA for any purpos	se was:		ledot		
7 I owned a home/property in CA (enter Y for Yes,	N for No)		ledot	$\overline{\mathrm{N}}$	_
8 Before 2021: I was a CA resident for the period of	of		● /_//	/_	/
			•/_//	/_	/
Part II Income Adjustment Schedule	A	В	C	D	E
Section A — Income	Federal Amounts	Subtractions	Additions	Total Amounts	CA Amounts
from federal Form 1040 or 1040-SR	(taxable amounts from	See instructions	See instructions	Using CA Law	(income earned or
	your federal tax return)	(difference between CA & federal law)	(difference between CA & federal law)	As If You Were a CA Resident	received as a CA resident and income
		,	,	(subtract col. B from	earned or received
				col. A; add col. C to the result)	from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions					
before making an entry in col. B or C 1		•	•	124,597.	4,274.
2 Taxable interest. a 🗨 2b	•	•	•	•	•
3 Ordinary dividends. See instructions.					
a ● 3b	•	O	•	•	•
4 IRA distributions. See instructions.					
a • 4b		•	•	•	•
5 Pensions and annuities. See					
instructions. a • 5b		•	•	•	•
6 Social security benefits.					
a • 6b		<u> </u>	_	_	
7 Capital gain or (loss). See instructions 7	20,235.	•	•	20,235.	0.
Section B — Additional Income					
from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state					
and local income taxes	•	•			
2a Alimony received. See instructions 2a	lacktriangle		•	•	•
3 Business income or (loss). See instructions 3	•	•	•	•	•
4 Other gains or (losses) 4	•	•	•	•	•
5 Rental real estate, royalties, partnerships,	_			_	
S corporations, trusts, etc 5	● -10,350.	<u> </u>	•		O
6 Farm income or (loss) 6	•	•	•	•	•
7 Unemployment compensation	•	•			

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				Α	В	С	D	E
Sei	tion	B — Additional Income Continued		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
8	_	er income: Federal net operating loss	8a	•				•
	b	Gambling income	8b	•	•		•	•
	C	Cancellation of debt	8c	•		•	•	•
		Foreign earned income exclusion from federal Form 2555	8d	•		•	•	•
	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	•			•	•
		Stock options	8j	•			•	•
	I	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 Olympic and Paralympic medals and USOC prize money	or 8k 8l	••			••	••
		IRC Section 951(a) inclusion		•	•			
		IRC Section 951A(a) inclusion	8n	•	•			
	0	IRC Section 461(I) excess business loss adjustment.	80	•		•	•	•
		Taxable distributions from an ABLE account	8p	•			•	•
	Z	Other income. List type and amount.						
	•		8z	•	•	•	•	•
9	а	Total other income. Add lines 8a through 8z	9a	•	•	•	•	•
	b1	Disaster loss deduction from form FTB 3805V	9b1		•		•	•
	b2	NOL deduction from form FTB 3805V	9b2		•		•	
	b3	FTB 3807, or FTB 3809	9b3		•		•	•
	b4	Student loan discharged due to closure of a for-profit school	9b4	•	•		•	•
10	line line (as	II. Combine Section A, line 1 through 7, and Section B, line 1 through 7, line 9a and line 9b1 through line 9b4 applicable) in each column. instructions. Go to Section C		134,482.	•	•	134,482.	4,274.

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		A	В	C	D	E
Secti	from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	Educator expenses11	•	•			
	Certain business expenses of reservists,					
, L	performing artists, and fee-basis government officials		lacksquare	•		•
•	Health savings account deduction		<u> </u>			
4	Moving expenses. Attach form FTB 3913.	_				
	See instructions	•		•	•	•
0 L	Deductible part of self-employment tax. See instructions		lacksquare			•
6 9	Self-employed SEP, SIMPLE, and					
	jualified plans	•			•	•
1 3	Self-employed health insurance deduction. See instructions	•	lacktriangle		•	•
	Penalty on early withdrawal of savings 18	•			•	•
9a /	Alimony paid. b Enter recipient's:					
	SSN					
			\bigcirc	•	O	<u>•</u>
	RA deduction	•	•	•	•	<u> </u>
21 8	Student loan interest deduction	•		•	•	•
22 F	Reserved for future use					
23 /	Archer MSA deduction 23	O			•	•
	Other adjustments: Jury duty pay	•			•	•
ŀ	reported on line 8k from the rental of personal property engaged in for profit	•	•	•	•	•
C	Olympic and Paralympic medals and USOC prize money reported on line 8l 24c	•	•			
C	Reforestation amortization and expenses	•	•			
6	Repayment of supplemental					
	unemployment benefits under the Trade Act of 1974					•
f						
·	Section 501(c)(18)(D) pension plans 24f	•	•	•	•	•
Ć	IRC Section 403(b) plans 24g	•	•	•	•	•
ľ	Attorney fees and court costs for actions involving certain unlawful discrimination claims	•			•	•
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 federal		_			
	Form 2555		•			
k	Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	•	•			
Z	Other adjustments. List type and amount.					
	● 24z		•	•		

_		A	В	С		D		E
	ion C — Adjustments to Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference betwee CA & federal law	en As) C (sub	stal Amounts sing CA Law If You Were a CA Resident tract col. B from I. A; add col. C o the result)	(inco rece reside earne from	A Amounts me earned or ived as a CA nt and income ed or received i CA sources nonresident)
20	Total other adjustments. Add lines 24a through 24z		•	•	•		•	
26	Add line 11 through line 23 and line 25 in each column, A through E	•	•	•	•		•	
27	Total . Subtract line 26 from line 10 in each column, A through E. See instructions 27	134,482.	_	•	•	134,482.		4,274.
	rt III Adjustments to Federal Itemized Dedu k the box if you did NOT itemize for federal but wil			A Federal Amounts (from federal Scheo (Form 1040))	Hule A B	Subtractions See instructions	C	Additions See instructions
Med	ical and Dental Expenses See instructions.						,	
1	Medical and dental expenses							
2	Enter amount from federal Form 1040 or 1040							
3	Multiply line 2 by 7.5% (0.075)							
4	Subtract line 3 from line 1. If line 3 is more that	ın line 1, enter 0	4	. 💿				
	es You Paid							
5a	State and local income tax or general sales tax			_	2. •	3,662.		
5b	State and local real estate taxes							
5c	State and local personal property taxes			_				
5d				3,66	2.			
5e	Enter the smaller of line 5d or \$10,000 (\$5,000	- ·	- /					
	Enter the amount from line 5a, column B in line							
	Enter the difference from line 5d and line 5e, co				2.	3,662.	-	0.
6	* *				0		<u> </u>	
7	Add line 5e and line 6		7	3,66	2.	3,662.		0.
	rest You Paid							
8a	Home mortgage interest and points reported to						<u> </u>	
8b	Home mortgage interest not reported to you o			_			0	
8c	Points not reported to you on federal Form 109			_			•	
8d	Mortgage insurance premiums				<u> </u>			
8e	Add line 8a through line 8d				<u> </u>		<u> </u>	
9	Investment interest			O	<u> </u>		<u> </u>	
10	Add line 8e and line 9		<u></u>		•			
Gift	s to Charity			Ta			T =	
11	Gifts by cash or check				<u> </u>		<u>•</u>	
12	Other than by cash or check				<u> </u>		<u> </u>	
13	Carryover from prior year				<u> </u>		<u> </u>	
14	Add line 11 through line 13		14	. 💿	<u> </u>		O	
	ualty and Theft Losses			<u> </u>	1			
15	Casualty or theft loss(es) (other than net quality Attach federal Form 4684. See instructions		15				•	
Othe	er Itemized Deductions		10					
16	Other—from list in federal instructions				•		(e)	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A				2. •	3,662.	$\overline{}$	0.
	, , , , ,	., _,		3,00	10	5,002.	10	<u> </u>

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Job	Expenses and Certain Miscellaneous Deductions		
19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions		
20	Tax preparation fees		
21	Other expenses- investment, safe deposit box, etc. List type O .		
22	Add line 19 through line 21		
23	Enter amount from federal Form 1040 or 1040-SR, line 11 134,482.		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	● 25	0.
26	Total Itemized Deductions. Add line 18 and line 25.	● 26	0.
27	Other adjustments. See instructions. Specify.	● 27	
28	Combine line 26 and line 27.	● 28	0.
29	Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	29	0.
30	Enter the larger of the amount on line 29 or your standard deduction listed below		
	Single or married/RDP filing separately. See instructions	● 30 □	4,803.
<u></u>	w IV Colifornia Tovobla Income		
	rt IV California Taxable Income California AGI. Enter your California AGI from Part II, line 27, column E	. 1	4,274.
2	Enter your deductions from line 30		
3	Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0	1_8	
	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3	_	153.
5	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-	. • 5_	4,121.

REV 03/08/22 PRO

TAXABLE YEAR

CALIFORNIA SCHEDULE

Other State Tax Credit 2021

S

Attach to Form 540, Form 540NR, or For	m 541.			
Name(s) as shown on your California tax return			SSN, ITIN, or FEIN	
S A I S R I N A T H	J O S Y U L		793028478	
Part I Double-Taxed Income (Read sp		. 0,		
(a) Income item(s) description	(b) Double-taxed	income taxable by California	(c) Double-taxed i	ncome taxable by other state
■ WAGES, SALARIES, TIPS		4,274.		4,274.
•	<u> </u>	_	<u> </u>	
•				
1 Total double-taxed income		4,274.		4,274.
Part II Figure Your Other State Tax (Credit (Read specific line	instructions for Part II before co	ompleting.)	
-				294
2 California tax liability. See instructions				2 284. 00
3 Double-taxed income taxable by California	a. Enter the amount from	Part I, line 1, column (b)		3 4,274. 00
4 California adjusted gross income. See ins	tructions			4 4,274. 00
5 Divide line 3 by line 4. Do not enter more	than 1.0000			5 1.0000
6 Multiply line 2 by line 5				6284. 00
7 Income tax liability paid to other state (us	e state's abbreviation) 🥑) <u>AZ</u> See instructions		74,414. 00
8 Double-taxed income taxable by other sta				
9 Adjusted gross income taxable by other s				
10 Divide line 8 by line 9. Do not enter more	man 1.0000		• 1	1
11 Multiply line 7 by line 10			1	11
12 Other state tax credit. Enter the smaller of	line 6 or line 11. Use cre	edit code 187 . See instructions .		2 140. 00

REV 03/08/22 PRO

TAXABLE YEAR

2021

CALIFORNIA FORM

Health Coverage Exemptions and Individual Shared Responsibility Penalty

3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.	
Name(s) as shown on your California tax return	SSN or ITIN
SAI SRINATH JOSYULA	793-02-8478

Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

	Certificate Number (ECN) granted by the N				
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
1	● SAI SRINATH	•	● 793-02-8478	● 08/05/1993	• 134,482.
•	Last Name		ECN 1	ECN 2	ECN 3
	⊙ JOSYULA		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
9	•	•	•	•	•
2	Last Name		ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
_	•	•	•	•	•
3	Last Name		ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	•	•	•	•	•
4	Last Name	10	ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	• Instruction	• IIIIIai	●		Modified Adi
5					
	Last Name		ECN 1 ●	ECN 2	ECN 3
		1			
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
6	•	•	•	•	•
U	Last Name		ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
7	•	•	•	•	•
7	Last Name		ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
_	•	•	•	•	•
8	Last Name		ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	•	•	•	•	•
9	Last Name	10	ECN 1	ECN 2	ECN 3
			•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	• Instruction	• IIIIIai	O		Modified Adi
10					
	Last Name		ECN 1 ●	ECN 2 ●	ECN 3 ●
		T			
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
11		•	•	•	•
••	Last Name		ECN 1	ECN 2	ECN 3
	•	,	•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
12	•	•	•	•	•
12	Last Name		ECN 1	ECN 2	ECN 3
	•		lacktriangle	•	•

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

1	If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check
	the box here. See instructions

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

	Coverage and Exemption Codes														
			(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(I) Nov	(m) Dec
	First Name SAI SRINATH	Initial	• E	•	•	•	•	•	•	•	•	•	•	•	•
1	Last Name JOSYULA	· ·		•	•	•	•	•	•	•	•	•	•	•	•
_	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
2	Last Name	1		•	•	•	•	•	•	•	•	•	•	•	•
•	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
3	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
4	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
4	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
5	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
อ	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
6	First Name	•	•	•	•	•	•	•	•	•	•	•	•	•	
0	Last Name		•	•	•	•	•	•	•	•	•	•	•	•	
7	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
<i>'</i>	Last Name		•	•	•	•	•	•	•	•	•	•	•	•	
8	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
0	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
9	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
9	Last Name	·		•	•	•	•	•	•	•	•	•	•	•	•
10	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
10	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
11	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
11	Last Name	•		•	•	•	•	•	•	•	•	•	•	•	•
10	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
12	Last Name	•		•	•	•	•	•	•	•	•	•	•	•	•

Part IV Individual Shared Responsibility Penalty

1	Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.	_
	See instructions	0.

Side 2 FTB 3853 2021 175 8662214 REV 03/08/22 PRO

£1040

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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly under the new son is a child but not your dependen	ame of	ed filing separately (I your spouse. If you c	,	_		`	<i>'</i> —	-	, ,	` , `	_
Your first name	and mi	iddle initial	Last na	ame					Y	our so	cial securi	ty number	
SAI SRII	HTAN		JOS	YULA					7	793-0	2-847	8	
If joint return, s	pouse's	s first name and middle initial	Last na	ame					s	pouse's	s social se	curity numbe	r
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	P	resider	ntial Election	on Campaig	n
		EDERAL ST						1048	- 1		ere if you,		
		ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP	code		•	٠,	ntly, want \$3	
CHANDLE		,	·		A	Z	85	226		_	this fund. ow will not	Checking a	
Foreign country				Foreign province/state/	coun	ty	-	ign postal co			or refund.	•	
											You	Spous	е
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of an	/ fina	ancial interest	in an	y virtual cu	rrenc	y?	Yes	⊠ No	_
Standard	Som	eone can claim: You as a de	pender	nt Your spous	e as	a dependent							_
Deduction		Spouse itemizes on a separate retur	n or yo	u were a dual-status	alier	1							_
Age/Blindness	You:	Were born before January 2, 1	957 [Are blind Spe	ouse	: Was bo	rn be	fore Janua	ry 2, ⁻	1957	☐ Is bl	ind	
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip	(4) 🗸	if qual	ifies for	(see instru	ictions):	
If more	pendents (see instructions): ore in four (1) First name Last name		number		to you		Child ta	x cred	lit	Credit for ot	her dependent	ts	
than four													
dependents, see instruction	s ——												
and che <u>ck</u>													
here ▶													
	1	Wages, salaries, tips, etc. Attach I	orm ₍ s)	W-2						1	1	24,597.	
Attach Sch. B if	2 a	Tax-exempt interest	2a		b T	axable interes	t			2b			_
required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds			3b			
	4a	IRA distributions	4a		b T	axable amoun	t.			4b			
	5a	Pensions and annuities	5a		b T	axable amoun	t.			5b			
Standard	6a	Social security benefits	6a		b T	axable amoun	t.			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	dule D	if required. If not requ	uired	, check here		🕨	• <u> </u>	7		20,235.	
Married filing	8	Other income from Schedule 1, lin	e 10							8		10,350.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome					9	1	34,482.	
Married filing	10	Adjustments to income from Sche	dule 1,	line 26						10			er gnn 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted gross inco	ne					11	1	34,482.	
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedule	A)	12	а	12,5	550.				
Head of	b	Charitable contributions if you take	the sta	ndard deduction (see	instr	ructions) 12	b						
household, \$18,800	С	Add lines 12a and 12b								12c	: :	12,550.	
If you checked	13	Qualified business income deduct	ion fron	n Form 8995 or Form	899	95-A				13			
any box under Standard	14	Add lines 12c and 13								14] :	12,550.	
Deduction,	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or less,	ente	er-0				15	1:	21,932.	

	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 📗	16	23,285.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	23,285.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	23,285.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	23,285.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	21,054.
	26	2021 estimated tax payments and amount applied from 2020 return	26	· ·
If you have a L qualifying child,	27a	Earned income credit (EIC)		
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before		
		January 2, 2004, and you satisfy all the other requirements for		
		taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐		
	b	Nontaxable combat pay election		
	С	Prior year (2019) earned income		
	28	Refundable child tax credit or additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Recovery rebate credit. See instructions		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	01 054
	33	Add lines 25d, 26, and 32. These are your total payments	33	21,054.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
D: 1.1 '10	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	
Direct deposit? See instructions.	▶b	Routing number X X X X X X X X X X X X X X X X X X X		
	► d	Account number X X X X X X X X X		
A	36	Amount of line 34 you want applied to your 2022 estimated tax	07	2,231.
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	37	2,231.
	38	Estimated tax penalty (see instructions)		
Third Party Designee		you want to allow another person to discuss this return with the IRS? See tructions	elow	X No
Designee		signee's Phone Personal identifi		
		no. ▶ number (PIN) ▶		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Here	beli	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		,
11010	You			t you an Identity N, enter it here
Joint return?			nst.) ▶ [N, enter it fiere
See instructions.	Spo		IRS ser	t your spouse an
Keep a copy for		Identi	ty Prote	ction PIN, enter it here
your records.		(see ii	nst.) 🕨	
		one no. (602)245-5945 Email address SRINATH.5893@GMAIL.COM		
Paid		parer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/19/2022 P02082		Self-employed
Use Only			e no. (678)965-9522
	Firr	n's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's	s EIN 🕨	30-1017196
Go to www.irs.go	ov/Form	a1040 for instructions and the latest information. BAA REV 03/12/22 PRO		Form 1040 (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

SAI SRINATH JOSYULA

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

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

Sequence No. 01
Your social security number
793-02-8478

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	3	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		ı
3	Business income or (loss). Attach Schedule C		3	ı
4	Other gains or (losses). Attach Form 4797		4	ı
5	Rental real estate, royalties, partnerships, S corporations, truschedule E		5	-10,350.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			ı
а	Net operating loss	8a (ı
b	Gambling income	8b		ı
С	Cancellation of debt	8c		ı
d	Foreign earned income exclusion from Form 2555	8d (ı
е	Taxable Health Savings Account distribution	8e		ı
f	Alaska Permanent Fund dividends	8f		ı
g	Jury duty pay	8g		ı
h	Prizes and awards	8h		ı
i	Activity not engaged in for profit income	8i		ı
j	Stock options	8j		ı
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		ſ
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		ı
m	Section 951(a) inclusion (see instructions)	8m		ı
n	Section 951A(a) inclusion (see instructions)	8n		ı
0	Section 461(I) excess business loss adjustment	80		ı
р	Taxable distributions from an ABLE account (see instructions) .	8p		ı
Z	Other income. List type and amount ▶	8z		ı
9	Total other income. Add lines 8a through 8z		9	1
10	Combine lines 1 through 7 and 9. Enter here and on Form 10			
	1040-NR. line 8		10	_10 250

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

	Educator expenses		11
2	Certain business expenses of reservists, performing artists, and fee-ba officials. Attach Form 2106		12
3	Health savings account deduction. Attach Form 8889		13
	Moving expenses for members of the Armed Forces. Attach Form 39	903	14
5	Deductible part of self-employment tax. Attach Schedule SE		15
6	Self-employed SEP, SIMPLE, and qualified plans		16
7	Self-employed health insurance deduction		17
3	Penalty on early withdrawal of savings		18
а	Alimony paid		19a
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶ _		
)	IRA deduction		20
ı	Student loan interest deduction		21
2	Reserved for future use		22
3	Archer MSA deduction		23
1	Other adjustments:		
а	Jury duty pay (see instructions)	1a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	łb	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	łc	
d	Reforestation amortization and expenses	1d	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	1e	
f	Contributions to section 501(c)(18)(D) pension plans	4f	
g	Contributions by certain chaplains to section 403(b) plans 24	lg .	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	1h	
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	4i	
i		4j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
Z	Other adjustments. List type and amount ▶	1z	
	Total other adjustments. Add lines 24a through 24z		25

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

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

Sequence No. **12** Your social security number

SA	I SRINATH JOSYULA			793-	-02-	8478
Did y	ou dispose of any investment(s) in a qualified opportunity	fund during the tax	x year?	× No		
f "Y	es," attach Form 8949 and see its instructions for additiona	al requirements for	r reporting your ga	ain or loss.		
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
ines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. Totals for all transactions reported on Form(s) 8949 with					
	Box A checked	207,565.	187,664.	3	34.	20,235.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	ny, from line 8 of y	our Capital Loss	Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis			e any long-	7	20,235.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see	
ines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum		combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporate Capital gain distributions. See the instructions				12	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	y, from line 13 of y	our Capital Loss	Carryover	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	a through 14 in co	lumn (h). Then, go	to Part III	15	

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 20,235. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2021
Attachment
Sequence No. 12A

OMB No. 1545-0074

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

793-02-8478

SAI SRINATH JOSYULA

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) (g) Code(s) from Amount of adjustment		from column (d) and combine the result with column (g)	
APEX CLEARING	03/11/21	05/03/21	1,726.	2,101.			-375.	
LAMB/USDT	11/14/21	11/30/21	3,593.	3,600.			-7.	
CFX/USDT	11/13/21	11/30/21	160.	160.			0.	
CELR/USDT	11/13/21	11/30/21	499.	500.			-1.	
BLOK/USDT	11/14/21	11/30/21	1,547.	1,550.			-3.	
RSR/USDT	11/13/21	11/14/21	1,123.	1,125.			-2.	
GALA/USDT	11/13/21	11/14/21	499.	500.			-1.	
BINANCE	11/23/21	11/01/21	441.	376.			65.	
FTX TRADES	04/01/21	11/01/21	196.	396.			-200.	
MTV-USDT	11/07/21	11/14/21	49.	50.			-1.	
PBX-USDT	11/07/21	11/18/21	72.	100.			-28.	
CUBEUSD	10/11/21	12/08/21	111.	97.			14	
ROBINHOOD CRYPTO LLC	02/04/21	12/28/21	40,704.	35,854.			4,850.	
Robinhood Securities LLC	01/19/21	12/28/21	121,850.	111,141.	W	334.	11,043.	
2 Totals. Add the amounts in columns								
negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6)	ne 2 (if Box B	172,570.	157,550.		334.	15,354.		

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

8949

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

793-02-8478

Attachment Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Part I

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number

SAI SRINATH JOSYULA

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) and see Column (e. from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (a) Code(s) from Amount of adjustment instructions with column (a) instructions COIN BASE- BCH 12/31/20 05/19/21 34,896. 30,113. 4,783. 01/01/21 12/31/21 99. 98. BITMART 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

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

34,995.

4,881.

negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

30,114.

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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. **13** Your social security number

	SRINATH JOSYULA								93-02-8			
Part	Income or Loss	From Rental Real Estate and Ro	yalties	Note:	If you a	are in th	e business c	f rent	ing persona	al prope	rty, use	
	Schedule C. See i	nstructions. If you are an individual, repo	ort farn	n rental ir	come o	r loss fi	om Form 48	35 or	n page 2, lir	ne 40.		
A Did	d you make any paymer	nts in 2021 that would require you to	file Fo	orm(s) 10)99? Se	e instr	uctions .		[Yes	⊠ No	
B If "	If "Yes," did you or will you file required Form(s) 1099?									Yes	☐ No	
1a		each property (street, city, state, ZIF										
Α	ALWYN COLONY HYDERABAD TELANGANA IN 500049											
В												
С												
1b	Type of Property	2 For each rental real estate prop	perty li	sted		Fair	Rental	Per	sonal Us	Э	QJV	
	(from list below)	above, report the number of fa	ir renta	al and			ays	Days			QUV	
Α	3	personal use days. Check the QJV box only if you meet the requirements to file as a					365		0			
В		qualified joint venture. See inst	ruction	ns.	В							
С					С							
Туре	of Property:									·		
1 Sing	gle Family Residence	3 Vacation/Short-Term Rental	5 Lar	nd	7	Self-	Rental					
2 Mul	ti-Family Residence		6 Ro	yalties	8	3 Othe	r (describe))				
Incom	ie:	Properties:			Α		Е	3		C	;	
3	Rents received		3		į	550.						
4			4									
Exper												
5	Advertising		5									
6	Auto and travel (see in	nstructions)	6									
7	Cleaning and mainten	ance	7		1,2	200.						
8	Commissions		8									
9	Insurance		9									
10	Legal and other profes	ssional fees	10									
11	Management fees .		11		1,8	300.						
12	Mortgage interest paid	d to banks, etc. (see instructions)	12									
13	Other interest		13									
14	Repairs		14		2,3	300.						
15	Supplies		15		2,	700.						
16			16									
17			17		2,9	900.						
18		or depletion	18									
19	Other (list)		19									
20	•	ines 5 through 19	20		10,9	900.						
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If										
		nstructions to find out if you must										
	file Form 6198		21		-10,3	350.						
22		estate loss after limitation, if any,		,			,					
	on Form 8582 (see in:		22	(10,3	50.)	()()	
23a		eported on line 3 for all rental prope				23a		5	50.			
b		eported on line 4 for all royalty properties				23b						
С		eported on line 12 for all properties				23c						
d		eported on line 18 for all properties				23d						
е		eported on line 20 for all properties				23e	1	0,9				
24	•	e amounts shown on line 21. Do no		-				-	24			
25		sses from line 21 and rental real estate							25 (10	,350.)	
26		ate and royalty income or (loss).										
		V, and line 40 on page 2 do not								-	0 250	
	Schedule 1 (Form 104	0), line 5. Otherwise, include this ar	nount	in the to	ital on	ııne 41	on page 2		26	-1	.0,350.	

E-file Signature Authorization

2021

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter** SAI SRINATH JOSYULA 793 1 02 | 8478 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI) *Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 134,482 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance of Tax 4,414 00 ROUTING NUMBER 3,364 00 ☐ Checking ■ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 1,050 00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ★ AMOUNT YOU OWE: Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2021, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2021 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** X I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2021. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 18, 2022, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

DATE

SPOUSE'S PEN AND INK SIGNATURE

RETURN		140 Resident						ersonal Income Tax Return					2021			
RET	82F			k box 82F g under extensi	on OR FISCA	L YEAR BEGIN	NNING L		12,0,2,1				66F			
	,			Name and Middle In			Las	t Name			Your	Social S	ecurity Nu	mber		
ANY ITEMS TO THE	1	SA	I SI	RINATH			JO	SYULA		Enter 793 02			2 847	8		
2	- ;			irst Name and Mido	lle Initial (if box 4 o	or 6 checked)		t Name		your	Spou		ial Security			
SE SE	1									SSN(s).						
Ξ		Curre	nt Ho	me Address - numb	er and street, rura	l route			Apt. No.	Day	time Phone	(with ar	ea code)			
<u></u>	2	803	1 NO	ORTH FEDERAL	ST				1048	94 (602)245-5945						
¥		City, 7	own	or Post Office	St	ate		ZIP Code		Last Names Use	d in Last Fou	r Prior Ye	ar(s) (if diffe	erent)		
Ш	3	CH	ANDI	LER	A	Z	85226						97			
AP	TATUS	4		Married filing joint r	eturn 4a 🗌 In	jured Spouse F	Protection	n of Joint Ov	erpayment	REVENUE USE	ONLY. DO N	OT MARK	IN THIS AF	REA.		
ST	M	5	_	Head of household		•			. ,	88						
OT	100															
DO NOT STAPLE	N.	6		Married filing separ	ate return. Enter s	pouse's name ar	nd Social S	Security Numb	oer above.							
2	분	7	\boxtimes	Single												
			Ψ.	Enter the number	claimed. Do not	put a check m	ark.									
		8		Age 65 or over (you	u and/or spouse)	If completing lin			*	DM DM			21/D			
	and 10b	9		Blind (you and/or s	pouse)	39, and 41. For I	ines 10a an	id 10b, also coi	mplete line 49.	81 PM		80 RC	, VD			
	and	10a		Dependents: Unde	•	10b Dep	endents:	Age 17 and	l over.							
	10a	11a		Qualifying parents												
	ıts ((Bo	x 10a and 10b): Do		ion. See instru						page 4, F	art 1.			
	- Dependents			FIRST AI	(a) ND LAST NAME		,	(b) CURITY NO.	(c) RELATIONSHI	(d) P NO. OF MONTHS	(e) ✓ Dependent		if you did not	t claim		
	e				yourself or spouse.)		COUNTE DE CONTRA NO.				included	federal return due to		your lue to		
	ŏ									HOME IN 2021	(Box 10a) (Box 10a)	. f educational o		edits		
	and 11a	10c														
	and	10d									 	╧	—			
	6	10e														
<u>.</u>	ns 8		_(Bo	x 11a)։ Qualifying բ		parents. See i					d complete	page 4,				
ents after Form 140.	Exemptions 8,			EIDST AI	(a) ND LAST NAME		(b) (c) SOCIAL SECURITY NO. RELATIONSHIP			(d) P NO. OF MONTHS	(e) ✓ IF AGE 6	5 OR	✓ IF DIED	INI		
Ξ	em				yourself or spouse.)		000111202	.001111110.	NEE/MONOTH	LIVED IN YOUR			2021	111		
<u>-</u>	ш									HOME IN 2021						
er		11b														
aft		11c														
ts		12	Fede	ral adjusted gross	income (from yo	ur federal reti	urn)				12	1	.34,482	00		
		13	Small Business Income: 138 check the box if you are filing Arizona Form 140-SBI and enter the amount from Form								ine 10 13			00		
nu	us			<u>fied federal adjusted</u>								1	34,482	00		
00	Additions	15	Non-	Arizona municipal ir	nterest						15			00		
šr o	Add	16	Partn	ership Income adju	stment. See instruc	ctions					16			00		
the		17 Total federal depreciation												00		
0		18 Other Additions to Income: Complete Other Additions to Arizona Gross Income schedu								. •				00		
AZ schedules or other docum				otal: Add lines 14 thr									34,482	100		
음				net capital gain or (, 235 00					
ed				net short-term capit							, 235 00					
5 C		22 Total net long-term capital gain or (loss). See instructions									00 00					
ZS													0	00		
Υp		Z4 This I	oox m	ory rine 23 by 25% (av be blank or mav cor	.25) and enter the	resuitde of data from v	our return			lified small busines				00		
an	SI		This box may be blank or may contain a printed barcode of data from your return.											00		
<u>_</u>	Subtractions									depreciation djustment				00		
ger	trac									ations				00		
Ę	Sub									tate or local govt. pe			00			
eq								III		ainer pay uniform se			00			
Ė								III		or Railroad Retirem			00			
,ed								111	-	erican Indians			00			
<u>\</u>			YKK.		gajnekseleen ni		X	111		an active service me				00		
al		▮▮▮	WILL	apagatambar (50%) (30%)	earlandig ethically	TING AND LONG HAND AND	ACHI)E	III ·	_	justment				00		
Place any required federal and								1	butions: 34 a 529		00					
Ĕ								1	9A (ARI E)		and 34h 34C			00		

	Your	Name (as shown on page 1)	lumber			
	SAI	SRINATH JOSYULA	793-02-847	8		
l	25	Subtract lines 24 through 24s from line 40		Г	134,482	<u></u>
	35	Subtract lines 24 through 34c from line 19		Г	134,402	0
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched	· -		134,482	$\overline{}$
Suc	37	Subtract line 36 from line 35. Enter the difference		Г	134,402	$\overline{}$
Exemptions	38	Age 65 or over: Multiply the number in box 8 by \$2,100				0
	39	Blind: Multiply the number in box 9 by \$1,500				0
ш	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				0
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			124 400	0
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".			134,482	
	43	Deductions: Check box and enter amount. See instructions		1	12,550	
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. See in	structions	. 44	101 000	0
ă	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	. 45	121,932		
Balance of Tax	468	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables		. 46a	4,414	$\overline{}$
92	46k	m p If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcha	rge. Enter the amount	46b		00
alar	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30		47		0
æ	48	Subtotal of tax: Add lines 46a, 46b and 47. Enter the total		48	4,414	0
	49	Dependent Tax Credit. See instructions		49		0
	50	Family income tax credit (from the worksheet - see instructions)		50		00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61		51		00
nd its	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than	line 48, enter "0"	52	4,414	0
rts a	53	2021 AZ income tax withheld		53	3,364	00
Total Payments and Refundable Credits	54	2021 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54a and 54l			00
Pay	55	2021 AZ extension payment (Form 204)				00
otal	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
	57	Property Tax Credit from Arizona Form 140PTC		1		00
υĦ	58	Other refundable credits: Check the box(es) and enter the total amount				00
me ol	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			3,364	
x Du	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines			1,050	_
Tax Due or Overpayment	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayme		ſ		00
Ŋ	62	Amount of line 61 to be applied to 2022 estimated tax				00
Gifts		Balance of overpayment: Subtract line 62 from line 61. Enter the difference				00
ary		- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools				10.
Voluntary	٠.	Child Abuse Prevention 66 00 Domestic Violence Services 67 00 Political Gift		7		
%				_		
ج.		Neighbors Helping Neighbors 69 00 Special Olympics		_		
enalty	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian		<u> </u>		
Pe		Estimated payment penalty		76		00
	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included	/ 0		100	
_ be		Add lines 64 through 74 and 76; enter the total	70		0	
Refund or Amount Owed	78	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80			0	
efur ount	79	Direct Deposit of Refund: Check box 79 A if your deposit will be ultimately placed in a foreign account ; see	e instructions. 79A	79]		101
A W		C Checking or ROUTING NUMBER ACCOUNT NUMBER		_		
		98 S Savings				
	80	, ,			1 050	
	_	and include with your return			1,050	
		onder penalties of perjury, i declare that i have read this return and any documents with it, and to true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati				ا '
lш		and, correct and complete. Becautation of property (early, than taxpayor) to becode on an information	on or which propar	or ride d	my miowioago.	
HERE	→	S	OFTWARE ENG	:TNEEI	R	
ᅵ뽀		YOUR SIGNATURE DATE OC	,		-	
z	L.					
SIGN	→					
		SPOUSE'S SIGNATURE DATE SF	OUSE'S OCCUPATION			-
PLEASE			GLOBAL TAXES LLC			
		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	SELF-EMPLOYED)			-
		2530 Pebble Creek Ln	30-101			
4		PAID PREPARER'S STREET ADDRESS	PAID PREPA	RER'S TIN	1	
		Cumming GA 30041		678)965-9522		
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPA	RER'S PH	ONE NUMBER	

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).