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

SAI SRINATH JOSYULA Spouse's name Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income
Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income
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Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income
1 134,48 2 Total tax
2 23,28 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099
Amount you want refunded to you Amount you want refunded to you Amount you owe Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the been my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (Et osend my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Finar Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancer payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later that
Amount you want refunded to you 5 Amount you owe 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the been you have the amounts in Part I above are the amounts from the income return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (Et osend my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Finar Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancer payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later that
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the been my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (Et to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the real requirement to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation softward payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancerpayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later that
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the been my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (Et to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the real representation of the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Finance payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancer payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later that
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my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (E to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Finar Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancer payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later the
business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicables the payment of
Electronic Funds Withdrawal Consent.
Taxpayer's PIN: check one box only
X I authorize GLOBAL TAXES LLC to enter or generate my PIN Enter five digits, but don't enter all zeros signature on the income tax return (original or amended) I am now authorizing.
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box of if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Palbelow. Your signature ▶ Date ▶
Spouse's PIN: check one box only
I authorize to enter or generate my PIN as
ERO firm name Enter five digits, but don't enter all zeros signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box or if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Parbelow.
Spouse's signature ▶ Date ▶
Practitioner PIN Method Returns Only—continue below
Part III Certification and Authentication — Practitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Don't enter all zeros
Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.
ERO's signature ▶ Date ▶
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So

Form 1040-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) **202**

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.

5,537.

REV 03/12/22 PRO

1555

SAI SRINATH JOSYULA

BOL NORTH FEDERAL ST LO48
CHANDLER AZ 85226

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

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

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

Filing Status	S 🔀 S	Single Married filing jointly	Marı	ried filing separately (MFS)	Head of	hous	ehold (HOH)	Qua	lifying wid	low(er) (QW)	
Check only one box.	If yo	ou checked the MFS box, enter the reson is a child but not your depender		f your spouse. If you	checl	ked the HOH o	r QV	box, enter th	e child's	name if th	ne qualifying	
Your first name	and m	iddle initial	Last r	name					Your so	cial securi	ty number	
SAI SRI	HTAN		Jos	YULA					793-	793-02-8478		
If joint return, s	pouse's	s first name and middle initial	Last r	ame					Spouse	's social se	curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	inetruo	tions				Apt. no.	Drasida	ntial Flacti	on Compoien	
		EDERAL ST	, iiisti uo	dons.				1048	ŀ	here if you,	on Campaign or vour	
		ce. If you have a foreign address, also co	omplete	spaces below	Sta	te	7IP	code	spouse	if filing joir	ntly, want \$3	
CHANDLE		50 you have a 15.6.g., add. 556, also 6.	Jp.1010	spaces below.	A			226	_	this fund. ow will not	Checking a	
							ign postal code	1	k or refund	•		
,	,			, , , , , , , , , , , , , , , , , , ,		,		5		You	Spouse	
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	nerwise dispose of an	y fina	ancial interest i	n an	y virtual curre	ncy?	Yes	⊠ No	
Standard	Som	eone can claim: You as a de	epende	nt	se as	a dependent						
Deduction		Spouse itemizes on a separate retu	rn or yo	ou were a dual-status	alier	1						
Age/Blindness	You:	Were born before January 2, 1	1957	Are blind Sp	ouse	: Was bo	rn be	fore January 2	2, 1957	☐ Is b	lind	
Dependents	s (see	instructions):		(2) Social securit	y	(3) Relationsh				r (see instru	uctions):	
If more	(1) F	irst name Last name		number		to you		Child tax c	redit	Credit for ot	ther dependents	
than four												
dependents, see instruction	s ——											
and check												
here ▶ 📗												
	1	Wages, salaries, tips, etc. Attach	Form(s) W-2					. 1	1	24,597.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b)		
required.	3a	Qualified dividends	3a		b 0	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—	7	Capital gain or (loss). Attach Sche	dule D	if required. If not req	uired	, check here		▶[7		20,235.	
Single or Married filing	8	Other income from Schedule 1, lir	ne 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	edule 1	, line 26					. 10)		
jointly or Qualifying	11_	Subtract line 10 from line 9. This i	s your	adjusted gross inco	me				▶ 11	1	34,482.	
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	ctions (from Schedule	e A)	12	а	12,55	0.			
Head of	b	Charitable contributions if you take	the sta	andard deduction (see	instr	ructions) 12	b					
household, \$18,800	С	Add lines 12a and 12b							. 120	c	12,550.	
If you checked	13	Qualified business income deduct	tion fro	m Form 8995 or Forn	า 899	05-A			. 13	3		
any box under Standard	14	Add lines 12c and 13							. 14	,	12,550.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from I	ine 11. If zero or less,	ente	er-0			. 15	1	21,932.	

Form 1040 (2021	1)			Page 2
	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.
If you have a	26	2021 estimated tax payments and amount applied from 2020 return	26	
If you have a 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 27b		
	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	21 054
	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	
5	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 X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2022 estimated tax > 36		
Amount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	37	2,231.
You Owe	38	Estimated tax penalty (see instructions)		
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	helow	X No
Designee		signee's Phone Personal identifications (IRIN)		
		me ► no. ► number (PIN)	► Inication	
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t	o the bes	t of my knowledge and
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ch prepare	er has any knowledge.
Here	You			nt you an Identity
	N		tection Pl e inst.) ▶	N, enter it here
Joint return? See instructions.	- Cn	BOTTWING ENGINEER		nt your spouse an
Keep a copy for	Spi	ouse's signature. If a joint return, both must sign. Date Spouse's occupation If the Ider		ection PIN, enter it here
your records.			e inst.) 🖊	
	Pho	one no. (602)245-5945 Email address SRINATH.5893@GMAIL.COM		
Deid	Pre	eparer's name Preparer's signature Date PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/19/2022 P0208	32703	Self-employed
Preparer	Firr	m's name ► GLOBAL TAXES LLC Pho	one no. (678)965-9522
Use Only	Firr	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm	n's EIN ▶	
Go to www.irs.ge	ov/Forn	n1040 for instructions and the latest information. BAA REV 03/12/22 PRO		Form 1040 (2021)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment

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.

Attachment Sequence No. 01 Your social security number

793-02-8478

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	S	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr 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 property	8k		
1	Olympic and Paralympic medals and USOC prize money (see	OK	-	
-	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	040, 1040-SR, or		
	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. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (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

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

14

15

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

Part III **Summary** 20,235. 16 Combine lines 7 and 15 and enter the result 16 • 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.

8949 Form

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

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.

- 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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions	See the separate instructions.		(h) Gain or (loss). Subtract column (e) 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 C).	al here and inc is checked), lir C above is chec	lude on your ne 2 (if Box B ked) ▶	172,570.			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.

▶ 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 Attachment Sequence No. 12A

Internal Revenue Service

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 Part I 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. 12/31/21 BITMART 01/01/21 99. 98.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

34,995. 30,114. 4,881.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2021

Attachment
Sequence No. 13

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

Your social security number

SAI	SRINATH JOSYULA	<u>.</u>						79	93-02-8	178	
Part	Income or Loss	From Rental Real Estate and Roy	yaltie	s Note	: If you a	are in th	e business c	of rent	ing persona	l property, us	se
	Schedule C. See	instructions. If you are an individual, repo	ort farr	m rental i	ncome c	or loss fr	om Form 48	335 or	n page 2, lin	e 40.	
A Dic	d you make any payme	nts in 2021 that would require you to	file F	orm(s) 1	099? S	ee instr	uctions .		[Yes 🛛 I	No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							[Yes 🗌 I	No
1a	Physical address of	each property (street, city, state, ZIF	code	e)							
Α	ALWYN COLONY H	YDERABAD TELANGANA IN 50	00049	9							
В											
С											
1b	Type of Property	2 For each rental real estate prop	erty li	isted			Rental	Per	sonal Use	QJ\	/
	(from list below)	above, report the number of fal personal use days. Check the 0 if you meet the requirements to	ır renta QJV b	ai and ox only _s			ays		Days		
Α	3	if you meet the requirements to	file a	sa			365		0		
В		qualified joint venture. See inst	ructio	ns.	В						
C					С						
	of Property:				_						
-	gle Family Residence	3 Vacation/Short-Term Rental				7 Self-					
2 Mur	ti-Family Residence	4 Commercial Properties:	6 RO	yalties		3 Othe	r (describe)			С	
		·	3		Α	EEO	Е	•		C	
<u>3</u> 4			4		•	550.					
Expen			-								
5			5								
6	_	nstructions)	6								
7	•	nance	7		1.:	200.					
8			8								
9			9								
10		ssional fees	10								
11			11		1,8	800.					
12	_	d to banks, etc. (see instructions)	12								
13	Other interest		13								
14	Repairs		14		2,	300.					
15	Supplies		15		2,	700.					
16	Taxes		16								
17			17		2,	900.					
18		or depletion	18								
19	Other (list)		19								
20		lines 5 through 19	20		10,	900.					
21		line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must			10	350					
00	file Form 6198		21		-10,	350.					
22	on Form 8582 (see in	estate loss after limitation, if any,	22	,	10 2	50 \	(١
23a	·	eported on line 3 for all rental prope		I/	10,3	23a	(5	50.)
zsa b		eported on line 3 for all reyalty prope				23b			50.		
C		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
e		eported on line 20 for all properties				23e	1	0,9	00.		
24		e amounts shown on line 21. Do no	t inclu						24		
25		sses from line 21 and rental real estate		,		nter tota	ıl losses her	e.	25 (10,35	0.)
26	• •	ate and royalty income or (loss).							- (- , , , ,	
20		V, and line 40 on page 2 do not									
		40), line 5. Otherwise, include this ar							26	-10,3	50.

E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

2021

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 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 an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the 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 SPOUSE'S PEN AND INK SIGNATURE DATE

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RET	82F		heck box 82F filing under extension	OR FISCA	L YEAR BEGII	NNING L	, , ,	12,0,2,1	_ AND ENDING	· L . L .				
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DO NOT STAPLE	TATUS	4	Married filing joint return	4a □ In	jured Spouse F	Protection	n of Joint Ov	erpayment	REVENUE USE	ONLY. DO NO	T MARK IN	THIS AREA.		
ST	ΑT	5	Head of household. Enter						88					
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ž	NG	6	Married filing separate re	turn. Enter s	pouse's name ar	nd Social S	Security Numb	er above.						
20	닖	7	⊠ Single		•		,							
			♦ Enter the number claime	ed. Do not	put a check n	nark.								
		8	Age 65 or over (you and/	or spouse)	If completing lin	nes 8, 9, and	d 11a, also com	plete lines 38,						
	10b	9	Blind (you and/or spouse)	39, and 41. For I	lines 10a ar	nd 10b, also cor	mplete line 49.	81 PM		80 RCVI	ס		
	, pu	10a	Dependents: Under age	of 17.	10b Dep	endents:	Age 17 and	over.						
	0a a	11a	Qualifying parents and gr	andparents										
	and 11a - Dependents 10a and 10b		(Box 10a and 10b): Depend	ent Informat	ion. See instru			pace, check t	he box 🔲 and	complete p	age 4, Par	t 1.		
	den		(a)	OT NIANAT			(b) ECURITY NO.	(c) RELATIONSHI	P NO. OF MONTHS	(e) ✓ Dependent	Age √ if	(f) you did not claim		
	pen		FIRST AND LAS (Do not list yoursels			SOCIAL SE	CORITTINO.	RELATIONSHI	LIVED IN YOUR	'induded i	n: this	person on your ral return due to		
	- De								HOME IN 2021	1 (Box 10a) (Bo	2 edu	cational credits		
	11a	10c												
	, pu	10d]			
	9, a	10e												
	s 8,		(Box 11a): Qualifying parent	s and grand	parents. See i	nstructio	ns. For mor	e space, chec	k the box 🔲 an	d complete	page 4, Pai	rt 2.		
ents after Form 140	Exemptions 8,		(a) FIRST AND LA	ST NAME			(b) ECURITY NO.	(c) RELATIONSHI	(d) P NO. OF MONTHS	(e) ✓ IF AGE 65	OR V	(f) IF DIED IN		
Ξ	cem	(Do not list vourself or spouse.)							LIVED IN YOUR HOME IN 2021			2021		
<u>-</u>	Ĥ								HOWE IN 2021					
er		11b												
aft		11c												
ts		12	Federal adjusted gross incor	ne (from yo	ur federal ret	urn)				12	134	4,482 00		
									rom Form 140-SBI, I			00		
Ξ	Suc	14	Modified federal adjusted gross	s income. S	ubtract line 13	from line	e 12			14	134	4,482 00		
9	Additions		Non-Arizona municipal interest									00		
٦	Ad	l .	Partnership Income adjustmen									00		
ڲؚ		l .	Total federal depreciation							I		00		
<u>-</u>		l .	Other Additions to Income: Co	•					. •	I	1 2 4	00		
S		l	Subtotal: Add lines 14 through 1							19 , 235 00	134	4,482 00		
e n		l	Total net capital gain or (loss).						~	,235 00				
eq		l	Total net short-term capital gain							00				
泛		l	Total net long-term capital gain Net long-term capital gain from											
7		l	Multiply line 23 by 25% (.25) at									0 00		
d D		This	box may be blank or may contain a	printed barco	de of data from y	our return			lified small busines			00		
an	Su				(建於從以本於數 例	Y. W. T.	-0 110100		depreciation			00		
<u></u>	Subtractions			PERENT	15)15KSR8()	(J)())	111		djustment			00		
e e	otra				AT SUMMERS	8 KA	111		ations			00		
<u>ē</u>	Suk				RIBIRIE		111					00		
g		29a Exclusion for fed., AZ state or local govt. per 29b Exclusion for retired/retainer pay uniform se									00			
≣				truatui		銀際計	111		or Railroad Retirem			00		
ed Le		31 Certain wages of American Indians						<u> </u>		00				
2							111		an active service me			00		
a		▮▮▮	ANY NET AND WEST CONTINUES. HES SILVERS IN THE AND	WIL OTH LAXY!	VENERAL REALINGUE (7	MiHDE	III .	_	justment			00		
Place any required federal and AZ schedules or other docum								butions: 34 a 529		00				
_							1	9A (ABLE)	 	and 34h 34C		00		

	Your	Name (as shown on page 1)	Your Social Security N	lumber		\neg						
	SA:	SRINATH JOSYULA	793-02-847	-02-8478								
					134,482	\Box						
	35	Subtract lines 24 through 34c from line 19			134,402							
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched			134,482	0						
ons	37	Subtract line 36 from line 35. Enter the difference			134,462	$\overline{}$						
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						
Гах	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		. 45	121,932	$\overline{}$						
Balance of Tax	46	a Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables		46a	4,414							
эс	46I	o 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						
В	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						
its a Sred	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 54			00						
Pay nda	55	2021 AZ extension payment (Form 204)				00						
otal ?efu	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00						
	57	Property Tax Credit from Arizona Form 140PTC				00						
ıt .	58											
Tax Due or Overpayment	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			3,364	00						
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 6			1,050	+						
Q Ta	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayme			,	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 64 00 Arizona Wildlife				10						
Voluntary	٠.	Child Abuse Prevention 66 00 Domestic Violence Services 67 00 Political Gift		-								
8				_								
		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		10		101						
r /ed		Add lines 64 through 74 and 76; enter the total		70		0						
t Ov	<u>78</u> 79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80				0						
Refund or Amount Owed	19	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see	instructions. 79A			101						
Ame		C Checking or ROUTING NUMBER ACCOUNT NUMBER		_								
		98 S Savings										
	80	, ,	' '		1 050							
	_	and include with your return Under penalties of perjury, I declare that I have read this return and any documents with it, and to			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 informatic				ا '						
ш		and, sorrest and semplete. Bestaration of property (early than tarpayer) to based on an information	on or which propar	or mao	arry knowledge.							
HERE	→	S	OFTWARE ENG	TNEE	R							
ΙΨ			CUPATION	,		-						
z	l,											
SIGN	→											
		SPOUSE'S SIGNATURE DATE SP	OUSE'S OCCUPATION			-						
ASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 03192022 GLOBAL TAXES LI										
Ø			-									
PLE/		2530 Pebble Creek Ln 30-1017196										
٦		PAID PREPARER'S STREET ADDRESS	PAID PREPA	RER'S TI	N							
		Cumming GA 30041	(678)9			_						
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPA	RER'S PI	HONE 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		Cutou.	Your Social Se	curity Number
1 SAI SRINATH		JOSYULA		Enter	793 02	. 8478
Spouse's First Name and Middle Initia	al	Last Name		your	Spouse's Soci	ial Security No.
1				SSN(s).	<u> </u>	
Current Home Address - number and	street, rural route		Apt. No.	Daytime	e Phone (with are	a code)
2 801 NORTH FEDERAL ST			1048	94 (6	02)245-5945	5
City, Town or Post Office	State	ZIP Code			NLY. DO NOT MAR	(IN THIS AREA.
3 CHANDLER	AZ	85226		88		
Please indicate the filing status ☐ Married filing joint return ☐ Head of household: Enter nam ☐ Least of household: Enter nam ☐ Least of household: Enter		endent on next line.				
☐ Married filing separate return☒ Single	∶Enter spouse's name and	Social Security Num	nber above.	81 PM	80 RC	OVD
Enter the amount of payment	enclosed				\$	1,050 00

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

TO THE FORM.		Arizona Form 140ES	Individual Estimated Income Tax Payment 2022									
뿚	Т	his estimated payment i	s for tax year ending Decemb	er 31 2022 or f	or tax ve	ear ending:	1 12.0 1					
2		Your First Name and Middle In		Last Name	o. tax ye		Your Social Security Number					
	1	SAI SRINATH		JOSYULA		Enter	793 02 8478					
ANY ITEMS	_	Spouse's First Name and Mido	le Initial (if filing joint)	Last Name		your SSN(s).	Spouse's Social Security No.					
Ž	11	Current Home Address - numb	er and street rural route	Δr	ot. No.	Daytime	Phone (with area code)					
		801 NORTH FEDERAL		l '	048		2)245-5945					
뒫		City, Town or Post Office	State	ZIP Code	0 10		7. DO NOT MARK IN THIS AREA.					
.ST	_	CHANDLER	AZ	85226		88						
DO NOT STAPLE	□ §10 1	DO NOT USE THIS FUse this form only for	on behalf of a Nonresident Co ORM TO MAKE DELINQUENT I mailing estimated payments.	NCOME TAX PAY	MENTS.	D. PM	In PCVD					
		Payment: You must round your estimated payment to a whole dollar (no cents). Enter the amount of payment enclosed										
					700							
	2 Check only one box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made. Payment for calendar year filers are due as follows:											
	1st Quarter – January to March Due date is April 15, 2022. Because April 15, 2022 is a federal holiday, you have until April 18, 2022 to make this payment.											
		2nd Quarter – April to J	une Due date is June 15, 2022.									
	3rd Quarter – July to September Due date is September 15, 2022 .											
			o December Due date is January falls on a Sunday and January 16, 2023 is	•	ntil January	17, 2023 to make this pa	ayment.					
		Payment for fiscal year fil	ers are due as follows:									
		1st Quarter – 15th day	of the fourth month of the current fis	scal year.								
		2nd Quarter – 15th day	of the sixth month of the current fise	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	rear.								
			of the due dates fall on a Satu payment for that quarter by m									
		If you are mailing										
		To ensure proper	application of this payment,	be sure that you:								
		✓ Complete	and submit this form in its enti	rety. Do not cut t	this page	in half.						
		✓ Make you	ır check or money order payable	e to Arizona Depar	tment of	Revenue.						
		√ Write you	ır SSN, "Tax Year 2022" and "14	OES" on your pay	ment.							
		✓ If payme "Tax Year	nt is made on behalf of a Nonre 2022" and the entity's EIN on y	esident Composi our payment.	te returr	n, write "Composite	e 140NR",					
		✓ Include y	our payment with this form.									
		✓ Mail to A	rizona Department of Revenue, I	PO Box 29085, Pho	oenix, AZ	85038-9085.						
		Be sure to review yo	our estimated income and adjust	t your payments a	as necess	ary during the yea	r.					
		If you are making	an electronic payment									
		You	a can make this estimated American Express ♦ Visa www.									
			✓ Click on "Make a Payment"		6" as the	Payment Type.						

TO THE FORM.		Arizona Form 140ES	Individual Esti	mated Inco	me Tax	Payment	for calendar year 2022	
里	Thin	antium at and was summared in face to	ov va an andina Daganah	24 2022 -	fa tax		2 0	
10.		estimated payment is for to First Name and Middle Initial	ax year ending Decemb	er 31, 2022, c Last Name	or for tax ye	ear ending:	Your Social Security Number	
		SRINATH		JOSYULA		Enter	793 02 8478	
ANY ITEMS	Spous	se's First Name and Middle Initia	l (if filing joint)	Last Name		your	Spouse's Social Security No.	
\geq	1					SSN(s).		
ΕA		nt Home Address - number and s NORTH FEDERAL ST	street, rural route		Apt. No. 1048		Phone (with area code)	
APL		Town or Post Office	State	ZIP Code	1040		DO NOT MARK IN THIS AREA.	
ST.	-	NDLER	AZ	85226		88		
DO NOT STAPLE	STOP •	ck if this payment is on be DO NOT USE THIS FORM TO Use this form only for mailing	O MAKE DELINQUENT II					
		·						
	_	nent: You must round your e	• •			81 PM	80 RCVD	
	Ente	r the amount of payment en	closed	52	63 00			
	Do n	ck only one box for the quar ot select more than one quar nent for calendar year filers	ter. You must submit a se		each quarte	er for which a paym	ent is made.	
		1st Quarter – January to Marc	n Due date is April 15, 202					
		Because April 15, 2022 is a federal	holiday, you have until April 18, 2	022 to make this pa	ayment.			
	\boxtimes	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	,	•	e until January	17, 2023 to make this pa	yment.	
	Payn	nent for fiscal year filers are	due as follows:					
		1st Quarter – 15th day of the f	ourth month of the current fis	cal year.				
		2nd Quarter – 15th day of the	sixth month of the current fisc	cal year.				
		3rd Quarter – 15th day of the r	ninth month of the current fisc	cal year.				
		4th Quarter – 15th day of the f	irst month of the next fiscal ye	ear.				
			due dates fall on a Satu ent for that quarter by m					
		If you are mailing this p	payment:					
		To 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 check or money order payable to Arizona Department of Revenue.							
			, "Tax Year 2022" and "14					
			lade on behalf of a Nonre ' and the entity's EIN on y		site returi	1 , write "Composite	e 140NR",	
		✓ Include your pa	yment with this form.					
		✓ Mail to Arizona	Department of Revenue, F	PO Box 29085,	Phoenix, AZ	85038-9085.		
		Be sure to review your est	imated income and adjust	your payment	s as necess	ary during the yea	г.	
		If you are making an el	ectronic payment					
		A		♦ Discover (AZTaxes.gov	Card ♦ Mas	sterCard		
		ر را	ick on "Make a Payment" ;	and select "140	IFS" as the	Payment Type		

TO THE FORM.		Arizona Form 140ES	Individual Estir	mated Inco	ome Tax	Payment	FOR CALENDAR YEAR 2022
핖	Thic	estimated payment is for t	ay year anding Decemb	or 21 2022 a	or for tax v	oar onding:	
5	Your F	First Name and Middle Initial	ax year ending becemb	Last Name	n ioi tax ye		Your Social Security Number
	1 SAI	SRINATH		JOSYULA		Enter	793 02 8478
ANY ITEMS	Spous	se's First Name and Middle Initia	l (if filing joint)	Last Name		your SSN(s).	Spouse's Social Security No.
Ā		nt Home Address - number and	street, rural route		Apt. No.	Daytime	Phone (with area code)
ᆜ		NORTH FEDERAL ST			1048		2)245-5945
STAPLE	-	Town or Post Office NDLER	State AZ	ZIP Code 85226		REVENUE USE ONLY	. DO NOT MARK IN THIS AREA.
DO NOT	_	ck if this payment is on be			rn - 140NR		
		DO NOT USE THIS FORM TUSE this form only for mailing		NCOME TAX P	AYMENTS.		
	1 Payr	nent: You must round your e	estimated payment to a wh	iole dollar (no c	ents).	81 PM	80 RCVD
	Ente	r the amount of payment en	closed	2	63 00		
		ck only <u>one</u> box for the quar ot select more than one quar			each quarte	Ler for which a paym	ent is made.
	Payn	nent for calendar year filers	are due as follows:				
		1st Quarter – January to Marc Because April 15, 2022 is a federal	•		ayment.		
		2nd Quarter – April to June		·	<u>. </u>		
	×	3rd Quarter – July to Septemb	er Due date is September	15, 2022.			
		4th Quarter – October to Dece Because January 15, 2023 falls on	,	•	e until January	17, 2023 to make this pa	ayment.
	Payn	nent for fiscal year filers are	due as follows:				
		1st Quarter – 15th day of the f	ourth month of the current fis	cal year.			
		2nd Quarter – 15th day of the	sixth month of the current fisc	cal year.			
		3rd Quarter – 15th day of the I	ninth month of the current fisc	cal year.			
		4th Quarter – 15th day of the f	irst month of the next fiscal ye	ear.			
			due dates fall on a Satuent for that quarter by m				
		If you are mailing this p	ayment:				
		To ensure proper applic		•			
		,	ubmit this form in its enti	,	, ,		
		, ,	k or money order payable			Revenue.	
			, "Tax Year 2022" and "14				
			ade on behalf of a Nonre ' and the entity's EIN on y		osite returi	n , write "Composite	e 140NR",
			yment with this form.				
		✓ Mail to Arizona	Department of Revenue, F	PO Box 29085,	Phoenix, AZ	85038-9085.	
		Be sure to review your est	imated income and adjust	your payment	s as necess	ary during the yea	r.
		If you are making an el	ectronic payment				
			make this estimated merican Express ♦ Visa www.		Card ♦ Mas		
			ick on "Make a Payment" a	_		Payment Tyne	

TO THE FORM.		Arizona Form 140ES	Individual Esti	mated Inco	ome Tax	Payment	for calendar year 2022
핖	This a	estimated payment is for to	ay year ending Decemb	or 31 2022 d	or for tax ve	ear ending:	
5	Your F	First Name and Middle Initial	ax year ending becemb	Last Name	n ioi tax ye		Your Social Security Number
	1 SAI	SRINATH		JOSYULA		Enter	793 02 8478
ANY ITEMS	Spous	se's First Name and Middle Initia	l (if filing joint)	Last Name		your SSN(s).	Spouse's Social Security No.
Ā		nt Home Address - number and	street, rural route		Apt. No.	Daytime	Phone (with area code)
ᆜ		NORTH FEDERAL ST			1048		2)245-5945
STAPLE	City, 7	own or Post Office	State AZ	ZIP Code 85226		REVENUE USE ONLY	7. DO NOT MARK IN THIS AREA.
DO NOT	Che	ck if this payment is on be DO NOT USE THIS FORM Use this form only for mailing	O MAKE DELINQUENT II				
		·		olo dollar (no a	onto)		
	-	nent: You must round your earthe amount of payment en	• •		63 00	81 PM	80 RCVD
					00 00		
		ck only <u>one</u> box for the quar ot select more than one quar			each quarte	er for which a paym	nent is made.
	Payn	nent for calendar year filers					
		1st Quarter – January to Marc Because April 15, 2022 is a federal	•		ayment.		
		2nd Quarter – April to June		·	•		
		3rd Quarter – July to Septemb	er Due date is September	15, 2022.			
	X	4th Quarter – October to Dece Because January 15, 2023 falls on	,	•	e until January	17, 2023 to make this pa	ayment.
	Payn	nent for fiscal year filers are	due as follows:				
		1st Quarter – 15th day of the f	ourth month of the current fis	cal year.			
		2nd Quarter – 15th day of the	sixth month of the current fisc	cal year.			
		3rd Quarter – 15th day of the I	ninth month of the current fisc	cal year.			
		4th Quarter – 15th day of the f	irst month of the next fiscal ye	ear.			
			due dates fall on a Satuent for that quarter by m				
		If you are mailing this p	ayment:				
		To ensure proper applic		•			
		✓ Complete and s	ubmit this form in its enti	rety. Do not cu	ıt this page	in half.	
		•	k or money order payable			Revenue.	
			, "Tax Year 2022" and "14				
			ade on behalf of a Nonre ' and the entity's EIN on y		osite returi	n , write "Composite	e 140NR",
		✓ Include your pa	yment with this form.				
		✓ Mail to Arizona	Department of Revenue, F	PO Box 29085,	Phoenix, AZ	85038-9085.	
		Be sure to review your est	imated income and adjust	your payment	s as necess	ary during the yea	r.
		If you are making an el	ectronic payment				
			make this estimated merican Express ♦ Visa		Card ♦ Mas		
		, n	ck on "Make a Payment":	_		Payment Tyne	

TAXABLE YEAR

2021

CALIFORNIA FORM

California Nonresident or Part-Year Resident Income Tax Return

540NR

APE

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		4	al filing status, check the box lead of household (with quali dualifying widow(er). Enter you see instructions.	ifying person).	See instructions.	
	3	Married	d/RDP filing separately. Enter sp	oouse's/RDP	s's SSN or ITIN above and full	I name here		
	6	If someone ca	ın claim you (or your spouse/Ri	DP) as a dep	endent, check the box here.	See inst	• 6	
•	For	line 7, line 8, li	ne 9, and line 10: Multiply the nu	ımber you e	nter in the box by the pre-prin	ited dollar amou	ınt for that line.	Whole dollars only
	7	-	ou checked box 1, 3, or 4 above		-	1		129
	0		or 5, enter 2. If you checked th		_	1 X \$129	= • \$	129
	8		or your spouse/RDP) are visual ually impaired, enter 2			X \$129	- (a) \$	
	9		(or your spouse/RDP) are 65 o		•			
S			or older, enter 2. See instruction			X \$129 :	= • \$	
Ö	10	Dependents: I	Do not include yourself or your Dependent 1	spouse/RD	P. Dependent 2		Dependent 3	
Exemptions		First Name	•			•		
î		Last Name (•			•)	
		SSN. See instructions.	•			•		
		Dependent's relationship (•					
	Total	dependent exe	mptions		• 10] X \$400 = (• \$	

You	ır nar	ne: JOSYULA	Your SSN or ITIN:	793-02-8478	_		
	11	Exemption amount: Add line 7 through li	ne 10		• 11 \$	1	29
	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 California adjustments – subtractions. En Part II, line 27, column B	ter the amount from Sc zero, enter the result in the amount from Sched	hedule CA (540NR), parentheses. lule CA (540NR), Part II,	13141516	134482	- 00 - 00 - 00
Tota	17 18 19	Adjusted gross income from all sources. Enter the larger of: Your California itemiz Part III, line 30; OR Your California stand Subtract line 18 from line 17. This is you enter -0-	zed deductions from Sc ard deduction. See inst r total taxable income.	hedule CA (540NR), ructions	1718919	134482 4803 129679	- 00 - 00 - 00
	31	Tax. Check the box if from:		Rate Schedule		0062	
	32	● ☐ FTB CA adjusted gross income from Schedule (540NR), Part IV, line 1	e CA	3803	• 31 L	9062	. 00
ø)	35	CA Taxable Income from Schedule CA (54	40NR), Part IV, line 5		• 35	4121	. 00
Income	36	CA Tax Rate. Divide line 31 by line 19			37	288	. 00
CA Taxable Income	37 38	CA Tax Before Exemption Credits. Multiple CA Exemption Credit Percentage. Divide lin If more than 1, enter 1.0000	e 35 by line 19.		● 31	200	• [00]
O	39	CA Prorated Exemption Credits. Multiply If the amount on line 13 is more than \$2°	line 11 by line 38.		39	4	_00
	40	CA Regular Tax Before Credits. Subtract I	ine 39 from line 37. If le	ess than zero, enter -0	40	284	. 00
	41	Tax. See instructions. Check the box if fro	om: • Schedule (G-1 • L FTB 5870A	• 41		.00
	42	Add line 40 and line 41			● 42 	284	. 00
its	50 51	Nonrefundable Child and Dependent Care Attach form FTB 3506	d		• 50		. 00
Special Credits	52 53	Credit for dependent parent. See instruct Credit for senior head of household. See instructions.	• 53		.00		
S		Credit percentage. Enter the amount from If more than 1, enter 1.0000. See instruct	ions				
	55	Credit amount. See instructions			• 55 <u> </u>		. 00

You	r nar	ne:	JOSYUL.	A		Your SSN	or ITIN:	793-	02-8478				
_	58	Enter	credit name	OTHER	STATE	1	code •	187	and amount	• 58		140	. 00
inuec	59	Enter	credit name				code •		and amount	• 59			. 00
Special Credits continued	60	To cla	aim more tha	n two credits	s. See instri	uctions				• 60			. 00
edits	61	Nonr	efundable Re	nter's Credit.	. See instru	ctions				• 61			. 00
ial C	62											140	. 00
Spec												144	. 00
	63	Subti	ract lille 62 if	OIII IIIIE 42. I	Tiess man	zero, enter -o) -						<u> 00</u>
	71	Alteri	native Minimu	ım Tax. Attad	ch Schedule	e P (540NR).				• 71			. 00
(es	72	Ment	al Health Serv	vices Tax. Se	e instructio	ons				• 72			. 00
Other Taxes	73	Other	r taxes and cr	edit recaptur	re. See inst	ructions				• 73			. 00
ö	74	Exces	ss Advance P	remium Assi	istance Sub	ısidv (APAS) ı	repayment.	. See inst	ructions	• 74			. 00
	75					,						144	. 00
				<u> </u>									
	81	Califo	ornia income	tax withheld.	. See instru	ctions				• 81		298	. 00
	82	2021	CA estimated	d tax and oth	er paymen	ts. See instru	ctions			• 82			. 00
	83	Withl	holding (Form	n 592-B and/	or 593). Se	e instructions	s			• 83			. 00
Payments	84	Exces	ss SDI (or VP	DI) withheld	. See instru	ıctions				• 84			. 00
Payn	85	Earne	ed Income Tax	x Credit (EIT	C)					• 85			. 00
	86	Youn	g Child Tax C	redit (YCTC)	. See instru	ıctions				• 86			. 00
	87	Net F	Premium Assi	stance Subsi	idy (PAS). S	See instructio	ns			• 87			. 00
	88	Add I	line 81 throug	ıh line 87. Th	nese are vo	ur total payme	ents. See ir	nstructio	18	88		298	. 00
<u>~</u>	91		u and your ho										
SR Penalty	٠.	See i		Medicare Par	t A or C co	verage is qual			overage	•			
ISB		Indiv	idual Shared	Responsibili	ty (ISR) Pe	nalty. See ins	tructions .		91		0 .00		
	92		nents after Inc							92		298	_ 00
Overpaid Tax/Tax Due	93	Indiv	ract line 91 fro	Responsibili	ty Penalty E	Balance. If line	e 91 is mor	re than lir	ne 88,	_			
d Tax										93		1 5 4	_00
erpai												154	_ 00
ŏ	102	Amo	unt of line 10 ⁻	1 you want a	pplied to y	our 2022 estir	mated tax			102		0	. 00

our nar	me: JOSYULA Your SSN or ITIN: 793-02-8478		I	
103	Overpaid tax available this year. Subtract line 102 from line 101	103	154	. 00
104	Tax due. If line 92 is less than line 75, subtract line 92 from line 75	104		. 00
		Code	Amount	
	California Seniors Special Fund. See instructions	400		. 00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401		. 00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403		. 00
	California Breast Cancer Research Voluntary Tax Contribution Fund	405		. 00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	406		. 00
	Emergency Food for Families Voluntary Tax Contribution Fund	407		. 00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	408		. 00
	California Sea Otter Voluntary Tax Contribution Fund	410		. 00
	California Cancer Research Voluntary Tax Contribution Fund	413		. 00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	422		. 00
	State Parks Protection Fund/Parks Pass Purchase	423		. 00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424		. 00
	Keep Arts in Schools Voluntary Tax Contribution Fund	425		. 00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	431		. 00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438		. 00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439		. 00
	Rape Kit Backlog Voluntary Tax Contribution Fund	440		. 00
	Schools Not Prisons Voluntary Tax Contribution Fund	443		. 00
	Suicide Prevention Voluntary Tax Contribution Fund	444		. 00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	445		. 00
	California Community and Neighborhood Tree Voluntary Tax Contribution Fund	446		. 00
120	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	Υ	our SSN or ITIN:	793-02-84	478				
Amount You Owe	121	Mail	UNT YOU OWE. Add line 9 to: Franchise Tax Boal Online – Go to ftb.ca.gov/	RD, PO BOX 9	942867, SACRAMENT						00
Interest and Penalties		Und	est, late return penalties, a erpayment of estimated tax sk the box:			attached	122				00
	124	Tota	amount due. See instruct	ions. Enclose,	but do not staple, an	y payment	124				00
	125	REF	UND OR NO AMOUNT DUE	. Subtract line	e 120 from line 103. S	See instructions	·. [1 5 4	$\overline{\Box}$
		Mail	to: FRANCHISE TAX BOAF	RD, PO BOX 9	42840, SACRAMENT	O CA 94240-00	01 • 125			154	00
Refund and Direct Deposit		See	n the information to author instructions. Have you ver r the following amount of I	rified the routi my refund (line	ing and account num e 125) is authorized f	bers? Use whol	e dollars only.	own belo	ow:		
Direc				Thecking —	Account number		[126	Direct dep	oosit amount	
l pue		1	22100024	9 Savings	10135313					154.	00
		•		pe Checking Savings	Account number	rect deposit into	o the account shown I		Direct dep	oosit amount	. 00
			Attach a copy of your comp can be found in annual tax boo			to learn about our	privacy policy statement	or go to	fth.ca.gov/f	orms and search for	113
to loc	ate FT er per	B 113 naltie	1 EN-SP, Franchise Tax Board P s of perjury, I declare that I I belief, it is true, correct, a	Privacy Notice on have examine	Collection. To request th	is notice by mail, c	all 800.338.0505 and ent	er form c	ode 948 whe	en instructed.	110
Your	signat	ure			Date		Spouse's/RDP's signatur	re (if a joi	nt tax return	, both must sign)	
			Your email address. Ent	ter only one ema	ail address.			(d phone number	
Si	gn								60224	455945	
He	ere		Paid preparer's signature (d				hich preparer has any l	knowled	ge)		\neg
	unlaw	ful	SYAM PRIYA	RAM SAG	AR GUPTA TA	ALLAM					
to for	ise's/		Firm's name (or yours, if sel							PTIN	
RDP signa	rs ature.		GLOBAL TAXE:	S LTC						P0208270	3
Joint			Firm's address 2530 PEBBLE	CDEEK	TN CHMMTNC	CA 2004	1			Firm's FEIN 30101719	6
retur (See		\	2330 PEBBLE	CREEK	TH COMMING	GA 3004	1		 1	50101/19	0
instr	uctior	ıs)	Do you want to allow and	other person t	o discuss this tax retu	ırn with us? See	e instructions	•	Yes	× No	
			Print Third Party Designee's	Name					Telephone N	Number	

TAXABLE YEAR

SCHEDULE

California Adjustments — Nonresidents or Part-Year Residents

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule. Name(s) as shown on tax return SSN or ITIN 793028478 SAI SRINATH JOSYULA Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2021. **During 2021:** 1 My California (CA) Residency (Check one) a Myself: • X Nonresident • Part-Year Resident • Resident **b** Spouse: Nonresident Part-Year Resident Yourself 2 a I was domiciled in (enter two letter code, see instructions) AZ3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) ... 4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move). I was a CA nonresident the entire year (enter state of residence)..... ΑZ N **Before 2021:** I was a CA resident for the period of C Part II Income Adjustment Schedule n Section A - Income Federal Amounts Subtractions Additions **Total Amounts CA Amounts** See instructions (taxable amounts from See instructions **Using CA Law** (income earned or from federal Form 1040 or 1040-SR As If You Were a vour federal tax return) (difference between (difference between received as a CA CA & federal law) CA & federal law) CA Resident resident and income (subtract col. B from earned or received col. A; add col. C from CA sources to the result) as a nonresident) 1 Wages, salaries, tips, etc. See instructions 124,597. • 124,597. 4,274. lacksquarebefore making an entry in col. B or C. 1 2 Taxable interest. a 🕙 \odot lacksquare \odot (ullet)3 Ordinary dividends. See instructions. a 💿 4 IRA distributions. See instructions. a 💿 (**•**) \odot 5 Pensions and annuities. See (**•**) (**•**) instructions. a (•) 5b (•) 6 Social security benefits. a 🕑 _ 6b lacksquare7 Capital gain or (loss). See instructions . . . 7 20,235. 0. \odot 20,235. Section B — Additional Income from federal Schedule 1 (Form 1040) 1 Taxable refunds, credits, or offsets of state lacksquare2a Alimony received. See instructions..... 2a 3 Business income or (loss). See instructions. . 3 \odot \odot **4** Other gains or (losses) 4 \odot lacksquare**5** Rental real estate, royalties, partnerships, S corporations, trusts, etc 5 -10,350. \odot \odot -10,350. lacktriangle(**•**) **6** Farm income or (loss) 6

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				Α	В	С	D	E
Sec	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	•			•	•
	j	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	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	•			•	•
		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	al. 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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		Α	В	С	D	E
Sect	tion C — Adjustments to Income 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 expenses	lacktriangle	lacktriangle			
	Certain business expenses of reservists,					
	performing artists, and fee-basis government officials12	•	lacktriangle	•	•	•
13	Health savings account deduction		•			
14	Moving expenses. Attach form FTB 3913. See instructions 14	•	<u> </u>	•	•	•
15	Deductible part of self-employment tax.		\cap			
	See instructions	•	•		O	•
	qualified plans	•			•	•
17	Self-employed health insurance deduction. See instructions		lacktriangle			•
18	Penalty on early withdrawal of savings 18	•			•	•
19a	Alimony paid. b Enter recipient's: SSN •					
	SSN	•		•	•	•
20	IRA deduction	•	lacktriangle	•	•	•
21	Student loan interest deduction	•		•	•	•
22	Reserved for future use					
23	Archer MSA deduction 23	•			•	•
	Other adjustments: a Jury duty pay 24a	•			•	•
	b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	•	•	•	•	•
	 Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c 	•	•			
	d Reforestation amortization and expenses		•			
	e Repayment of supplemental					
	unemployment benefits under the Trade Act of 1974	•				•
	f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	•	•	•	•	•
	g Contributions by certain chaplains to IRC Section 403(b) plans 24g		•	•	•	•
	h Attorney fees and court costs for actions involving certain unlawful		<u> </u>			
	discrimination claims				•	•
	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		lacksquare	•		•

		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 instructior (difference betwee CA & federal lan	een A w) (su	otal Amounts Jsing CA Law s If You Were a CA Resident btract col. B from ol. A; add col. C to the result)	(inco rece reside earne from	A Amounts me earned or ived as a CA nt and income d or received 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.
	t III Adjustments to Federal Itemized Dedu k the box if you did NOT itemize for federal but wil			A Federal Amounts (from federal Sch (Form 1040))	edule A	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	. 💽			O	
	s You Paid			Ta				
5a	State and local income tax or general sales tax				62.	3,662.		
5b	State and local real estate taxes							
5c	State and local personal property taxes							
5d	Add line 5a through line 5c			3,6	62.			
5e	Enter the smaller of line 5d or $$10,000 ($5,000)$	- ·	- /					
	Enter the amount from line 5a, column B in line				60	2 660		•
_	Enter the difference from line 5d and line 5e, co				62.	3,662.		0.
6	* *		6		60	2.660	<u> </u>	
7	Add line 5e and line 6		7	3,6	62.	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			_			<u> </u>	
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			(a)	<u> </u>		<u> </u>	
10	Add line 8e and line 9				•		<u> </u>	
	s to Charity							
11	Gifts by cash or check				<u> </u>		O	
12	Other than by cash or check				<u> </u>		<u> </u>	
13	Carryover from prior year				<u> </u>		O	
14	Add line 11 through line 13			. •	•		•	
	ualty and Theft Losses			1			1	
15	Casualty or theft loss(es) (other than net quality Attach federal Form 4684. See instructions						•	
Othe	r Itemized Deductions			, ~				
16	Other—from list in federal instructions			()	(•)		(e)	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns <i>A</i>				62.	3,662.	\sim	0.
		, .,		<u> </u>	10	-,	1	

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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		
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		
	No. Transfer the amount on line 28 to line 29. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	20	0.
30	Enter the larger of the amount on line 29 or your standard deduction listed below	25	
	Single or married/RDP filing separately. See instructions	30	4,803.
	rt IV California Taxable Income		
3	Enter your deductions from line 30	8	4,274.
	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3) 4	4,121.

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TAXABLE YEAR

Other State Tax Credit 2021

	iax ordan			
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		,		
(a) Income item(s) description	(b) Double-taxed	income taxable by California	(c) Double-taxed in	ncome taxable by other state
■ WAGES, SALARIES, TIPS		4,274.	•	4,274.
•				
•	<u> </u>			
1 Total double-taxed income	•	4,274.	<u> </u>	4,274.
Part II Figure Your Other State Tax C	redit (Read specific line	instructions for Part II before co	ompleting.)	
2 California tax liability. See instructions			• 2	284. 00
3 Double-taxed income taxable by California	. Enter the amount from	Part I, line 1, column (b)	• 3	4,274. 00
4 California adjusted gross income. See inst	ructions		• 4	4,274. 00
5 Divide line 3 by line 4. Do not enter more	than 1.0000			<u> </u>
6 Multiply line 2 by line 5			• 6	284. 00
7 Income tax liability paid to other state (use	e state's abbreviation)	AZ See instructions	• 7	4,414. 00
8 Double-taxed income taxable by other state	e. Enter the amount from	n Part I, line 1, column (c)	• 1	4,274 00
9 Adjusted gross income taxable by other st	ate. See instructions		• 9	134,482. 00
10 Divide line 8 by line 9. Do not enter more	than 1.0000		• 10	0.0318
11 Multiply line 7 by line 10			• 11	140. 00
12 Other state tax credit. Enter the smaller of	line 6 or line 11. Use cre	dit code 187 . See instructions .	• 12	140. 00

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TAXABLE YEAR

CALIFORNIA FORM

Health Coverage Exemptions and Individual Shared Responsibility Penalty

3853

2021 Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return SSN or ITIN 793-02-8478 SAI SRINATH JOSYULA

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 I			1	1				
	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 JOSYULA		ECN 1						
_	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI				
2	Last Name ●	-1	ECN 1 ●	ECN 2	ECN 3				
_	First Name ●	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI				
3	Last Name ●	-1	ECN 1	ECN 2	ECN 3				
	First Name ●	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI				
4	Last Name ●		ECN 1	ECN 2	ECN 3				
_	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI				
5	Last Name		ECN 1	ECN 2	ECN 3				
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI				
6	Last Name		ECN 1	ECN 2	ECN 3				
	First Name ●	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI				
7	Last Name ●	-!	ECN 1	ECN 2	ECN 3				
_	First Name ●	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI				
8	Last Name ●	-1	ECN 1 ●	ECN 2	ECN 3				
_	First Name ●	Initial	SSN ●	Date of Birth (mm/dd/yyyy)	Modified AGI				
9	Last Name		ECN 1 ●	ECN 2	ECN 3				
	First Name	Initial	SSN ●	Date of Birth (mm/dd/yyyy)	Modified AGI				
10	Last Name ●	1	ECN 1	ECN 2	ECN 3				
	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	Last Name	1	ECN 1	ECN 2	ECN 3				

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			•	•	•	•	•	•	•	•	•	•	•	•
3	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
4	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
_	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
5	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name Output Description:	1		•	•	•	•	•	•	•	•	•	•	•	•
6	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name	I		•	•	•	•	•	•	•	•	•	•	•	•
7	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name ©	1		•	•	•	•	•	•	•	•	•	•	•	•
8	First Name Last Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	•			•	•	•	•	•	•	•	•	•	•	•	•
9	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
10	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name Output Description:	ı		•	•	•	•	•	•	•	•	•	•	•	•
11	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name O	I :		•	•	•	•	•	•	•	•	•	•	•	•
12	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name Output Description:			•	•	•	•	•	•	•	•	•	•	•	•

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

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

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

Filing Status	X S	Single Married filing jointly	Marri	ed filing separately (l	MFS)	☐ Head of	hous	ehold (HOH)	□ C	Qualif	fying wide	ow(er) (QW)
Check only one box.	•	u checked the MFS box, enter the icon is a child but not your depender		your spouse. If you	hecl	ked the HOH o	r QV	/ box, enter	the chil	d's r	name if th	e qualifying
Your first name	and mi	ddle initial	Last na	ame					Your	soc	ial securit	y number
SAI SRII	NATH		Jos	YULA				793-02-8478				8
If joint return, s	pouse's	first name and middle initial	Last na	ame					Spor	ıse's	social sec	curity number
Llama adduaca	/mmah.a	wand street) If you have a D.O. have see	. in atmost	lana				Ant no				
		er and street). If you have a P.O. box, see	e instruct	ions.				Apt. no. 1048	- 1		tial Election ere if you,	on Campaign
		EDERAL ST ce. If you have a foreign address, also c	omploto (spaces holow	Sta	to	7ID	code				tly, want \$3
CHANDLE1		ce. II you have a loreigh address, also c	omplete s	spaces below.	A			226	-			Checking a
Foreign country				Foreign province/state/				eign postal cod			w will not or refund.	change
r oreigir country	, maine			Toreign province/state/	COUIT	ıy	1 Ole	agii postai cod	e your	tux	You	Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of an	y fina	ancial interest	in an	y virtual curi	ency?		Yes	⊠ No
Standard	Som	eone can claim: You as a de	epender	it Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retu	rn or yo	u were a dual-status	alier	1						
Age/Blindness	You:	Were born before January 2,	1957 [Are blind Sp	ouse	: Was bo	rn be	fore January	/ 2, 195	57	☐ Is bli	ind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip	(4) ✓ if	qualifies	s for ((see instru	ctions):
If more		rst name Last name		number to you Child tax or		credit	С	redit for oth	her dependents			
than four												
dependents, see instruction												
and check	5											
here ▶ 🗌												
	1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	12	24,597.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t			2b		
Sch. B if required.	За	Qualified dividends	3a		b 0	Ordinary divide	nds			3b		
required.	4a	IRA distributions	4a		b T	axable amoun	t.		. L	4b		
	5a	Pensions and annuities	5a		b T	axable amoun	t.		. L	5b		
Standard	6a	Social security benefits	6a		b T	axable amoun	t.			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not req	uired	, check here		🕨		7	2	20,235.
Single or Married filing	8	Other income from Schedule 1, lin	ne 10						. [8	-1	10,350.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				•	9	13	34,482.
Married filing	10	Adjustments to income from Scho	edule 1,	line 26						10		
jointly or Qualifying	11	Subtract line 10 from line 9. This i	s your a	djusted gross inco	ne				•	11	13	34,482.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	tions (from Schedule	A)	12	a	12,5	50.			
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] 1	12,550.
If you checked	13	Qualified business income deduc	tion fron	n Form 8995 or Form	899	95-A			. [13		
any box under Standard	14	Add lines 12c and 13							. [14	1 1	12,550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less,	ente	er-0			. [15	12	21,932.

Form 1040 (2021	1)			Page 2					
	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.					
If you have a	26	2021 estimated tax payments and amount applied from 2020 return	26						
If you have a 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 27b							
	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	21 054					
	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							
5	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 X X X X X X X X X X							
	36	Amount of line 34 you want applied to your 2022 estimated tax > 36							
Amount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	37	2,231.					
You Owe	38	Estimated tax penalty (see instructions)							
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	helow	X No					
Designee		signee's Phone Personal identifications (IRIN)							
		me ► no. ► number (PIN)	► Inication						
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t	o the bes	t of my knowledge and					
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ch prepare	er has any knowledge.					
Here	You			nt you an Identity					
	N		tection Pl e inst.) ▶	N, enter it here					
Joint return? See instructions.	- Cn	BOTTWING ENGINEER		nt your spouse an					
Keep a copy for	Spi	ouse's signature. If a joint return, both must sign. Date Spouse's occupation If the Ider		ection PIN, enter it here					
your records.			e inst.) 🖊						
	Pho	one no. (602)245-5945 Email address SRINATH.5893@GMAIL.COM							
Deid	Pre	eparer's name Preparer's signature Date PTIN		Check if:					
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/19/2022 P0208	32703	Self-employed					
Preparer	Firr	m's name ► GLOBAL TAXES LLC Pho	one no. (678)965-9522					
Use Only	Firr	m's address ▶ 2530 Pebble Creek In Cumming GA 30041 Firm	n's EIN ▶						
Go to www.irs.ge	ov/Forn	n1040 for instructions and the latest information. BAA REV 03/12/22 PRO		Form 1040 (2021)					

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment

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.

Attachment Sequence No. 01 Your social security number

793-02-8478

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	S	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr 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 property	8k		
1	Olympic and Paralympic medals and USOC prize money (see	OK	-	
-	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	040, 1040-SR, or		
	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			
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	24 g		
h	,	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	24 j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

Attachment Sequence No. **12**

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

SAI SRINATH JOSYULA

Your social security number 793-02-8478

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. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (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 15

REV 03/12/22 PRO

BAA

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

Part III **Summary** 20,235. 16 Combine lines 7 and 15 and enter the result 16 • 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.

- 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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) 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 C).	172,570.			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.

▶ 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 Attachment Sequence No. 12A

Internal Revenue Service

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 Part I 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. 12/31/21 BITMART 01/01/21 99. 98.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

34,995. 30,114. 4,881.

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.

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. **13**

OMB No. 1545-0074

Name(s)	shown on return							Your s	ocial securi	ty number
SAI	SRINATH JOSYULA	Δ						793-	-02-847	8
Part		s From Rental Real Estate and Ro instructions. If you are an individual, rep	-		•			•		
A Did	you make any payme	nts in 2021 that would require you to	file F	orm(s) 1	099? 5	See inst	ructions .		🗆 '	Yes 🛛 No
		ou file required Form(s) 1099?								Yes □ No
1a		each property (street, city, state, ZIF								
Α	<u> </u>	YDERABAD TELANGANA IN 50		,						
В										
С										
1b	Type of Property	For each rental real estate propabove, report the number of face.	perty li	isted			Rental		nal Use	QJV
A	(from list below)	personal use days. Check the	QJV b	ox only	Α		Days 365	Di	ays 0	
B	3	if you meet the requirements to qualified joint venture. See inst	o file a tructio	sa ns	A B		303		U	
C		quamiou joint voitaioi ooo iiloi			С					
	of Duamantur				C					
	of Property:	O Manatian/Obant Tama Dantal	<i>-</i> 1 -			7 0-14	Dantal			
_	le Family Residence	3 Vacation/Short-Term Rental				7 Self-				
Incom	i-Family Residence	4 Commercial Properties:	6 KO	yalties		8 Othe	er (describe)			
		•	_		Α	550	В	5		С
3			3			550.				
4			4							
Expen			_							
5	•		5							
6	,	nstructions)	6							
7	•	nance	7		1,	200.				
8			8							
9	Insurance		9							
10		essional fees	10							
11	Management fees .		11		1,	800.				
12	Mortgage interest pai	d to banks, etc. (see instructions)	12							
13	Other interest		13							
14	Repairs		14		2,	300.				
15	Supplies		15		2,	700.				
16			16							
17	Utilities		17		2,	900.				
18		e or depletion	18							
19	Other (list)	•	19							
20	Total expenses. Add	lines 5 through 19	20		10.	900.				
21		line 3 (rents) and/or 4 (royalties). If								
21		instructions to find out if you must	21		-10.	350.				
22		l estate loss after limitation, if any,	22	,		350.)	()/	\
23a	,	structions) eported on line 3 for all rental prope		Ι/	10,	23a	\	550	/(,
								330	-	
b		eported on line 4 for all royalty prop	ei lies			23b				
C		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d	_	0 000		
е		eported on line 20 for all properties				23e	1	0,900	_	
24	·	e amounts shown on line 21. Do no		-				. 2	- I.	
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losse	s from li	ne 22. E	nter tot	al losses her	e. 2	5 (10,350.)
26		ate and royalty income or (loss).								
		V, and line 40 on page 2 do not 40), line 5. Otherwise, include this a		-				on 2	6	-10,350.

E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

2021

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 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 an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the 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 SPOUSE'S PEN AND INK SIGNATURE DATE

	N N		140	Res	rsonal Inco	Return		2021	AK			
RET	82F		heck box 82F f filing under extension	OR FISCAL YE	AR BEGINNIN	NG L , L ,	G [, , , , 2,0,2,1, AND ENDING [, ,				66F	
Ψ.	,		First Name and Middle Initial			Last Name			Your	Social Security	Number	
O THE	1	SA	I SRINATH			JOSYULA		Ente	79	3 02 8	478	
	_		se's First Name and Middle Initi	ial (if box 4 or 6 d	checked)	Last Name		your	Spous	se's Social Secu		
MS	1			•	,			SSN	s).	1 1	•	
ANY ITEMS T	_	Curre	nt Home Address - number and	d street, rural rou	te	I	Apt. No.	Dayt	ime Phone	(with area code)	
_	2	80	1 NORTH FEDERAL ST				1048	94 (602)245	5-5945		
A V	_	City, 7	Town or Post Office	State		ZIP Code				r Prior Year(s) (if	different)	
щ	3		ANDLER	AZ		85226					97	
DO NOT STAPLE	TATUS	4	4 Married filing joint return 4a Injured Spouse Protection				erpayment	REVENUE USE	ONLY. DO NO	OT MARK IN THIS	AREA.	
ST	ΑT	5				88						
	S		Head of household. Enter name of qualifying child or dependent on next line:									
ž	NG	6	☐ Married filing separate re	turn. Enter spouse	e's name and So	ocial Security Numb	er above.					
20	닖	7	⊠ Single	·		•						
				Enter the number claimed. Do not put a check mark.								
		8	Age 65 or over (you and/	or spouse) If co	ompleting lines 8,	9, and 11a, also con	plete lines 38,					
	10b	9	Blind (you and/or spouse	39,	and 41. For lines	10a and 10b, also co	mplete line 49.	81 PM		80 RCVD		
	, pu	10a	Dependents: Under age of	of 17. 10b	Depend	ents: Age 17 and	l over.					
	0a a	11a	Qualifying parents and gr	andparents								
	and 11a - Dependents 10a and 10b		(Box 10a and 10b): Depend	ent Information.	See instructio		pace, check t	he box 🔲 and	complete p	age 4, Part 1.		
	den		(a)	OT NAME	200	(b)	(c)	(d)	(e) ✓ Dependent	Age ✓ if you did		
	pen		FIRST AND LAS (Do not list yourself		5001	AL SECURITY NO.	RELATIONSHII	LIVED IN YOUR	included i	n: this person	on your	
	De		, ,	. ,				HOME IN 2021	1 (Box 10a) (Bo	educationa educationa	al credits	
	1a.	10c]	
	nd 1	10d									j	
	9, a	10e]	
	s 8,		(Box 11a): Qualifying parents	s and grandpare	nts. See instru	uctions. For mor	e space, chec	k the box \square and	d complete	page 4. Part 2.		
40	Exemptions 8,	(a) (a)					(c)	(d)	(d) (e) (f)			
=	emp		FIRST AND LAST NAME (Do not list yourself or spouse.)			CIAL SECURITY NO. RELATIONSHI		LIVED IN YOUR	OVEF			
<u>-</u>	Ě		, ,					HOME IN 2021				
ř		11b										
ents after Form 140		11c									j	
		12	Federal adjusted gross incor	ne (from your fe	ederal return)				12	134,48	82 00	
eni		12 Federal adjusted gross income (from your federal return)									00	
	SL	14	Modified federal adjusted gross							134,48	82 00	
50	Additions	l .	Non-Arizona municipal interest								00	
0	Add	16	16 Partnership Income adjustment. See instructions								00	
:he		17	7 Total federal depreciation								00	
5		18	Other Additions to Income: Co	18		00						
Place any required federal and AZ schedules or other docum		19	Subtotal: Add lines 14 through 1				134,48	82 00				
		l	Total net capital gain or (loss).						235 00			
		l	Total net short-term capital gair						235 00			
		l	Total net long-term capital gain						00			
		l	Net long-term capital gain from					•			0 00	
		24	Multiply line 23 by 25% (.25) are box may be blank or may contain a	nd enter the resu	data from your r						0 00	
	S			Printed Barcode of				lified small busines			00	
	Subtractions			化复数生物的 医毛状				depreciation			00	
	trac			治療也使此樣也就也		15 3 1 1 1 1 1 1	27 Partnership Income adjustment				00	
	Sub		(C.E.) distributible (L.) bis-4 bis visit bis (L.) bis desirbitations. L. PC (L.) bes (L.) bes (L.) bes (L.) bes (L.) bes (L.) bes (L.)	7. 	28 Interest on U.S. obligations				00			
	3,			esesesese		JE	29a Exclusion for fed., AZ state or local govt. pensio				00	
					29b Exclusion for retired/retainer pay uniform				00			
							30 U.S. Social Security or Railroad Retirement A				00	
<u>></u>				.4L	31 Certain wages of American Indians				00			
an			ALGENG PRENCY PRODUCTORY POST (1997 BAZAR POR	HOIP KELPINY KANDINA	y isy in zervete.	111111	_				00	
99						I						
Pa						I	butions: 34 a 529	plans add 34a	00 and 34h 34C		00	

	Your	Name (as shown on page 1)	lumber		\neg	
		SRINATH JOSYULA	793-02-847			
	_				134,482	뭅
	35	Subtract lines 24 through 34c from line 19			134,402	$\overline{}$
Exemptions	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched		I	124 402	00
	37	Subtract line 36 from line 35. Enter the difference			134,482	$\overline{}$
	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00
	39	Blind: Multiply the number in box 9 by \$1,500				00
	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		I .		00
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			124 402	00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"		I .	134,482 12,550	
	43	Deductions: Check box and enter amount. See instructions			12,550	
Balance of Tax	44	If you checked box 43S and claim charitable contributions, check 44C Complete page 3. See ins			121,932	00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			4,414	
		Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			4,414	
		olf line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surchal	-			00
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30			4,414	00
	48	Subtotal of tax: Add lines 46a, 46b and 47. Enter the total			4,414	
	49	Dependent Tax Credit. See instructions				00
	50	Family income tax credit (from the worksheet - see instructions)				00
T	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61			4,414	00
and	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		I .		$\overline{}$
ents e Cre	53	2021 AZ income tax withheld.			3,364	$\overline{}$
aym	54	1,	00 Add 54a and 54b			00
Total Payments and Refundable Credits	55	2021 AZ extension payment (Form 204)		I .		00
P &	56	Increased Excise Tax Credit (from the worksheet - see instructions)		I .		00
	57	Property Tax Credit from Arizona Form 140PTC		I		00
Tax Due or Overpayment	58	Other refundable credits: Check the box(es) and enter the total amount			3,364	
Due Day	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			1,050	
Tay	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 6			1,030	
	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment				00
Gifts	62	Amount of line 61 to be applied to 2022 estimated tax				00
		Balance of overpayment: Subtract line 62 from line 61. Enter the difference		1		00
Voluntary	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools 64 00 Arizona Wildlife 00 00 00 00 00 00 00 00 00 00 00 00 00		7		
<u>اه</u>		Child Abuse Prevention		_		
		Neighbors Helping Neighbors 69 00 Special Olympics 70 00 Veterans' Donations Full Didn't Pay Enough Fund 72 00 Sustainable State Parks and Road Fund 73 00 Spay/Neuter of Animal		_		
enalty)		
Per		Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian				To
		Estimated payment penalty	/6		00	
eq .	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included				00
o o	78	Add lines 64 through 74 and 76; enter the total				
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80				00
Ame		— C Checking or ROUTING NUMBER ACCOUNT NUMBER		-		
		98 S Savings				
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write you			1 050	
	_	and include with your return			1,050	
ш		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 informatic				ا "
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HERE	→	S	OFTWARE ENG	INEER	Į.	
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SIGN						_
PLEASE S			OUSE'S OCCUPATION			
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 03192022 GLOBAL TAXES LI PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF				_
		,	,	7100		
		2530 Pebble Creek Ln PAID PREPARER'S STREET ADDRESS	30-101 PAID PREPAI			-
				22		
		Cumming GA 30041 PAID PREPARER'S CITY STATE ZIP CODE	(678)9		NE NUMBER	-
		211 3000	. AID I KEI AI			- 1

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).