IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number					
ADITYA CHAVA	480-79-6584					
Spouse's name Spouse's social security n						
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	1 188,259.					
2 Total tax						
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 34,645.					
4 Amount you want refunded to you						
5 Amount you owe						
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep 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)	0,					

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

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

9	6	5	8	4	
Ent don	er fiv n't er	as my			

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►	Date ►			
Practitioner PIN Method Returns Only—continue below				
Part III Certification and Authentication – Practitic	ner 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			

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

ERO's signature 🕨		Date 🕨	
	ERO Must Retain This Form — Se Ibmit This Form to the IRS Unless		
For Denemicarly Deduction Act Nation and	very tex return instructions		Earm 8879 (Bay, 01 2021)

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

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

ADITYA

2021

Use this voucher when making a payment with Form 1040.

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

CHAVA

305 CASSELINO DRIVE

SAN JOSE CA 95136

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

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

Form 1040-V Payment Voucher

Enter the amount of your payment.

1,993.

REV 03/26/22 PRO

1555

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

(99)

E1040	· ·	artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No. 154	5-0074	IRS Us	se Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of y	-	separately ouse. If you	. ,	_			,		, 0	low(er) (QW) ne qualifying
Your first name	and mi	iddle initial	Last na	me							Your so	cial securi	ty number
ADITYA			CHAV	7A							480-	79-658	4
lf joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number
		er and street). If you have a P.O. box, see NO DRIVE	instructio	ons.				/	Apt. no.		Check	here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP c	ode				ntly, want \$3
SAN JOS	Ε					CZ	Ą	951	L36		•	ow will not	Checking a change
Foreign countr	y name		F	Foreign pi	rovince/state	count	ty	Forei	gn postal	code		x or refund	•
At any time du	uring 20	021, did you receive, sell, exchange,	, or othe	erwise di	spose of ar	ny fina	ancial interest	in any	virtual	curre	ncy?	Ves	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you	i were a	dual-status	s alien							
Age/Blindnes	s You:	: Were born before January 2, 1	957 _	_ Are bl	lind S p	ouse	: 📋 Was bo	orn bef			-	ls b	
Dependent				(2) 5	Social securi	ty	(3) Relations	hip				r (see instru	
If more	(1) Fi	irst name Last name		number			to you		Child tax cre		redit	Credit for ot	her dependents
than four dependents,													
see instruction	s —												
and check here ►													
		Wenne entrying time at Attack		N 0									
Attach	1	Wages, salaries, tips, etc. Attach F	1.1	VV-2 .	· · ·					·	. 1		91,787.
Sch. B if	2a	'	2a 3a		133.		axable interes		• •	•	. 2k . 3k		1 2 2
required.	3a				133.		ordinary divide axable amou			·	. 31. . 41.		133.
	/ 4a 5a		4a 5a				axable amou		• •	·	. 41. . 51:		
Standard	6a		5a 6a				axable amou		• •	•	. 51. . 61.		
Deduction for—	- 0a - 7	Capital gain or (loss). Attach Scher		require				n	• •	► [. 01.		8,699.
Single or	8	Other income from Schedule 1, lin		required			, CHECK HEIE	• •	• •		. 8		<u> </u>
Married filing separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		 This is vo				• •	• •	·	. <u>0</u>		88,259.
\$12,550Married filing	10	Adjustments to income from Sche						• •	• •		10		00,200.
jointly or	11	Subtract line 10 from line 9. This is						• •		•	► <u>11</u>		88,259.
Qualifying widow(er),	12a	Standard deduction or itemized		-	•		12	2a .	12	,55			00,200.
\$25,100 " • Head of	b	Charitable contributions if you take		`		,				30			
household,	c											c	12,850.
\$18,800If you checked	13	Qualified business income deducti											
any box under Standard	14												12,850.
Deduction,	15	Taxable income. Subtract line 14											75,409.
see instructions.)												

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

Form **1040** (2021)

Form 1040 (2021	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	36,638.
	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	36,638.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	36,638.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	36,638.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 34	,645.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c						25d	34,645.
If you have a	26	2021 estimated tax payment						26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a			
		Check here if you were k							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or		L	Schedule 8812	28			
	29	American opportunity credit				29			
	30	Recovery rebate credit. See				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug					lits 🕨	32	
	33	Add lines 25d, 26, and 32. T		•				33	34,645.
Defended	34	If line 33 is more than line 24						34	,
Refund	35a							35a	
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							
See instructions.	►d	Account number X X X					0		
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract				see instructions	. 🕨	37	1,993.
You Owe	38	Estimated tax penalty (see in				38			·
Third Party	Do	you want to allow another				? See			
Designee		structions	•				omplete b	below.	X No
		signee's		Phone			onal identi		
		me 🕨		no. 🕨			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· · ·		Date	Your occupation				nt you an Identity
	, 10	ur signature		Dale	Four occupation				N, enter it here
Joint return?					DESIGN VER	IFICATION ENG	G (see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.	,							ity Prote inst.) 🕨	ection PIN, enter it here
,		(004)000 075					,	iiist.)	
		one no. (984)999-875 eparer's name	0 Preparer's signat	Email address	CHAVA.ADIT	YA1@GMAIL.CO	PTIN		Check if:
Paid								1902	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAN	1 04/03/2022	P0208		Self-employed
Use Only		m's name ► GLOBAL TAX			- 07 20041				678)965-9522
		m's address ► 2530 Pebb		n Cummin	-		Firm	's EIN ▶	
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/26/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

					<u> </u>		
Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social				ial security number			
ADITYA CHAVA 480-79-				584			
Part I Addition	onal Income						
1 Taxable refu	inds, credits, or offsets of state and local income taxes		1				

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.	
2 a	Alimony received		2 a	
b	Date of original divorce or separation agreement (see instructions)			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E		5	-12,360.
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		
	property	OK	-	
•	instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
ο	Section 461(l) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions).	8р		
z	Other income. List type and amount ►			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	-12,360.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			le 1 (Form 1040) 2021

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

REV 03/26/22 PRO

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

2021 Attachment Sequence No. 12

Name(s) shown on return

Department of the Treasury

Internal Revenue Service (99)

Your social security number

ADITYA CHAVA

480-79-6584

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
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)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	eds Cost to rrice) (or other basis) Fo		s from Part I, (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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	18,643.	12,881.			5,762.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	16,698.	15,513.			1,185.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	6	()			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	6,947.

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 lines below. This form may be easier to complete if you round off cents to whole dollars. (d) (d) (e) (cost (or other basis) (a) (cost (or other basis) (cost (cost						(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked			1,752.		
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	· · ·	11	
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back		15	1,752.		

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 8,699.
	• 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 line 22.	
	• 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? X 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? X 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. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ 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.	

REV 03/26/22 PRO

Schedule D (Form 1040) 2021

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

► 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.

2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A Social security number or taxpayer identification number

480-79-6584

Name(s) shown on return		
ADITYA CHAVA		

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.

Part I 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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below			(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)		in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)		
MORGAN STANLEY DOMESTIC HOLDINGS, INC	01/29/21	10/15/21	18,643.	12,881.			5,762.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	18,643.	12,881.			5,762.

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.

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

Form 8949 (2021)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ADITYA CHAVA

480-79-6584

Before you check Box D, E, or F 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.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (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 (e)</i> 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)
MORGAN STANLEY DOMESTIC HOLDINGS, INC	09/15/20	10/15/21	8,800.	7,048.			1,752.
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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶		8,800.	7,048.			1,752.	

Note: If you checked Box D 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.

Form	8949
i onni	

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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

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

2021 Attachment Sequence No. 12A

	Name(s) shown on return	Social security number or taxpayer identification number
ADITYA CHAVA 480-79-6584	ADITYA CHAVA	480-79-6584

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.

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

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

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

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below			(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
MORGAN STANLEY DOMESTIC HOLDINGS, INC	07/30/21	10/18/21	16,698.	15,513.			1,185.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	16,698.	15,513.			1,185.

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.

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

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

(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.

20 Attachment Sequence No. 13

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

ADITYX CHAVA [480-79-6584 Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2. Ine 40. A A Did you make any payments in 2021 that would require you to file form(s) 10997 See instructions	Name(s)	snown on return												y number	
Schedule C. See instructions. Hyou are an individual, report farm rental income or loss from FOrm 4835 on page 2, line 40. A Dd you make any payments in 2021 that would require you to file Form(s) 10997	ADIT	YA CHAVA									48	30-79	-6584	4	
A Dd you make any payments in 2021 that would require you to file Form(s) 10997 See instructions	Part	Income or Loss	s From R	ental Real Estate a	nd Roy	yaltie	s Note	: If you	are in th	e business c	of rent	ing pers	onal pr	operty, use	
B If "Yes," did you or will you file required Form(s) 1099? Image: Control of the control of t		Schedule C. See	instruction	s. If you are an individu	ual, repo	ort farr	m rental i	ncome	or loss fi	rom Form 48	335 or	n page 2	2, line 40	D.	
B If "Yes," did you or will you file required Form(s) 1099? Image: Control of the control of t	A Did	you make any payme	nts in 202	1 that would require	you to	file F	orm(s) 1	099? S	See instr	ructions .			Ο Υ	′es 🔀 No	
fa Physical address of each property (street, city, state, ZIP code) A 54-20/4-7D/1, AIKXA GURUNANAK COLONY VIJAYAWADA, ANDHRA PRADESH IN 52008 B C C C C C C D Type of Property (from list below) 2 For each rental real estate property listed abree, report are, Direct fite QU block of abree, report are, Direct fite QU block of a dualified joint venture. See instructions. Fair Rental Days Personal Use Days Qu/V Type of Property: 2 Sec instructions. A 3.5 0	B If "	Yes," did you or will yo	ou file req	uired Form(s) 1099?	·								Υ	′es 🗌 No	
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c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties 23d 24 Income. Add positive amounts shown on line 21. Do not include any losses 23e 13,100. 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . 25 25 (12,360.) 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . 26 -12,360.							• •	• •			/	40.			
d Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties 23e 13,100. 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . 25 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2. 26 -12,360.												_			
 e Total of all amounts reported on line 20 for all properties															
 Income. Add positive amounts shown on line 21. Do not include any losses			-							1	2 1	00			
 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . 12,360. -12,360. 										L	_, т				
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2. 26 -12,360.							,			· · · ·	```			12 360	
here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . 26 -12,360.												23 (12,500.)	
Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . 26 -12,360.					-										
											on	26		-12 360	
									41		. 0.				

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Form	8889
Depar	tment of the Treasu
Interna	al Revenue Service

ADITYA CHAVA

Health Savings Accounts (HSAs)

OMB No. 1545-0074

Attachment

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

► Go to www.irs.gov/Form8889 for instructions and the latest information.

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

ſy

r instructions and t	Sequence No. 52	
	Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ► 480.	-79-6584

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part			
	and both you and your spouse each have separate HSAs, complete a separate Part I for	each	spouse.
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions	🗙 Sel	f-only Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter	3	3,600.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,600.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	3,600.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	3,600.
9	Employer contributions made to your HSAs for 20219750.		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	750.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,850.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
_	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.		· · ·
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	291.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	291.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	291.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e.	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part			
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		HSAs,
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

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

TAXABLE YEAR FORM **California e-file Signature Authorization for Individuals** 2021 8879

Your name	Your SSN or	ITIN					
ADITYA CHAVA	480-79-	480-79-6584					
Spouse's/RDP's name	Spouse's/RD	Spouse's/RDP's SSN or ITIN					
Part I Tax Return Information (whole dollars only)							
1 California adjusted gross income (AGI). See instructions		189,009.					
2 Amount You Owe. See instructions							
3 Refund or No Amount Due. See instructions		1,283.					

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only	
X Lauthorize GLOBAL TAXES LLC	to enter my PIN
ERO firm name	

as my signature on my 2021 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

You	r signature 🕨	_ Date		•	
Spo	use's/RDP's PIN: check one box only				
	I authorize			to enter my PIN	
	ERO firm name				Do not enter all zeros
	as my signature on my 2021 e-filed California individual income tax return.				
	I will enter my PIN as my signature on my 2021 e-filed California individual income tax and your return is filed using the Practitioner PIN method. The ERO must complete Part III b		. C	Check this box only if you	are entering your own P
Sno	use's/RDP's signature			Date	

Practitioner PIN Method Returns Only continue below												
Part III Certification and Authentication — Practitioner PIN Method Only												
ERO's Electronic Filer Identification Number (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	
I certify that the above numeric entry is my PIN, which is my signature for the 2021 Califor confirm that I am submitting this return in accordance with the requirements of the Practice-file Providers.			dual i	ncom	e tax	returi		the ta				

ERO's signature	 Date	04/03/2022
-		

5

6 Do not enter all zeros

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2021 California Resident Income Tax Return

			APE	ATTACH FEDERAL RETURN
48(AD		79-6584 CHAV YA CHAVA		21
305 SA1		CASSELINO DRIVE JOSE CA	95136	
01-	-26	5-1996		
Principal Residence	۲	If not, enter below your principal/p	as your principal/physical residence address at hysical residence address at the time of filing.	the time of filing, check this box \odot \times
ipal F	$oldsymbol{igstar}$	Street address (number and street) (If fo	preign address, see instructions.)	Apt. no/ste. no.
Princ	0	City		State ZIP code
	۲			
		If your California filing status is d	ifferent from your federal filing status, check th	e box here
sn	1	× Single	4 Head of household (with	qualifying person). See instructions.
Filing Status	2	Married/RDP filing jointly.	See inst. 5 Qualifying widow(er). Er	nter year spouse/RDP died.
Filinç			See instructions.	
	3	Married/RDP filing separat	ا ely. Enter spouse's/RDP's SSN or ITIN above ar	nd full name here
	6		Ir spouse/RDP) as a dependent, check the box	
Exemptions		Personal: If you checked box 1, 3 box 2 or 5, enter 2 in the box. If y Blind: If you (or your spouse/RDF if both are visually impaired, enter Senior: If you (or your spouse/RDF	r 2	Whole dollars only
			175 3101214	REV 03/29/22 PRO FORM 540 2021 Side 1

Υοι	ır na	me:	CHAV	VA			Your	SSN or IT	IN:	480-7	9-6584	4					
	10	Depen	dents:		ot include y Dependent 1		r your spou		Depend	ant 2				Depende	unt 3		
		First	t Name	۲	Dependent	I			Deheun	ciii 2				Depende	int 5		
S		Last	Name	۲													
Exemptions			I. See ructions.	•				_									
Exen		Dep	endent's tionship														
	_	to yo	ou .	0													
							· · · · · · · ·						400 = (1	20
	11	Exen	nption a	amou	nt: Add line	37 throug	h line 10. Tr	ansfer this	s amour	nt to lin	e 32		• 1	1\$		1	29
	12	State Form	e wages n(s) W-3	from 2, bo	n your feder x 16	al		• 12			1925	537	. 00				
Taxable Income	13						om federal						• 13			188259	.00
	14	Calif	ornia ac	ljustr	nents – sub	otractions.	Enter the a	mount froi	n Sche	dule CA	(540),					0	.00
	15	Subt	Pall I, IIIe 27, Column B • 14													188259	.00
	16	Calif	ornia ac	ljustr	nents – add	ditions. En	ter the amo	unt from S	chedul	e CA (5	40),					750	
able II	17															189009	
Таха	17 18	Enter	(-		nbine line 1 deductions						``			107007	_ ∎ <u>[00</u>]
	10		er of	You	r California	standard	deduction s	hown belo	w for y	our filir	ıg status:			•			
					-		filing separa ly, Head of I	-								4000	
	19	Subt	ract line			•	ely or the bo> our taxable		checked	d, STOP .	See instruc	ctions	• 18			4803	
		If les	s than a	zero,	enter -0							(• 19			184206	. 00
							Fax Table	×	Tax R	ate Sch	edule						
	31	Tax.	Check t	he bo	ox if from:		-TB 3800	•]				• 31			14133	.00
	32					amount f	rom line 11	•	deral A	GI is mo	ore than		•			129	.00
Тах	22												 32 32 			14004	
	33						nan zero, en						0			11001	
	34				ons. Check				ule G-1			570A	_			14004	. <u>00</u>
	35	Add	line 33	and I	ine 34							(• 35			14004	.00
dits	40	Nonr	efunda	ble C	hild and De	pendent C	are Expense	es Credit. S	See inst	ruction	S		• 40				.00
al Crei	43	Enter	r credit	name	e			co	de 🕳 🗌		and amo	unt	• 43				. 00
Special Credits	44	Ente	r credit	nam	e			00	de •		and amo	unt	• 44				. 00
0																	
		Side 2	Porm	540	2021		175	3	3102	214					REV 03/29/22	2 PRO	

You	ır nar	ne: CHAVA Your SSN or ITIN: 480-79-6584	
S	45	To claim more than two credits. See instructions. Attach Schedule P (540)	. 00
Credit	46	Nonrefundable Renter's Credit. See instructions	. 00
Special Credits	47	Add line 40 through line 46. These are your total credits	. 00
Sp	48	Subtract line 47 from line 35. If less than zero, enter -0	. 00
	64		. 00
	61 62	Alternative Minimum Tax. Attach Schedule P (540)	
laxes	62		
Other Taxes	63	Other taxes and credit recapture. See instructions	. 00
0	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions • 64	<u>00</u>
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	. 00
	71	California income tax withheld. See instructions	. 00
	72	2021 CA estimated tax and other payments. See instructions	. 00
	73	Withholding (Form 592-B and/or 593). See instructions	. 00
Payments	74	Excess SDI (or VPDI) withheld. See instructions	. 00
Payn	75	Earned Income Tax Credit (EITC)	. 00
	76	Young Child Tax Credit (YCTC). See instructions	. 00
	77 78	Net Premium Assistance Subsidy (PAS). See instructions 77 Add line 71 through line 77. These are your total payments. 78 See instructions 78	• 00 • 00
Гах	91	Use Tax. Do not leave blank. See instructions	
Use Tax		If line 91 is zero, check if: X No use tax is owed. You paid your use tax obligation directly to CDTFA.	
ISR Penaltv	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage	
<u>م</u>		Individual Shared Responsibility (ISR) Penalty. See instructions • 92 • 00	
Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	. 00
Tax/Tê	94 95	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	. 00
paid 7		subtract line 92 from line 93	. 00
Over	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92	. 00

Υοι	ır naı	ne:	CHAVA	Your SSN or ITIN:	480-79-6584		•		
Due	97	Over	rpaid tax. If line 95 is more than line (65, subtract line 65 from	line 95	• 97	1283].	00
ку/Тау	98	Amo	ount of line 97 you want applied to yo	ur 2022 estimated tax		• 98	0].	00
aid Ta	99	Over	paid tax available this year. Subtract	• 99	1283].	00		
Overpaid Tax/Tax Due	100	Tax (due. If line 95 is less than line 65, sul	otract line 95 from line 6	5	• 100].	00
							Amount		
		Calif	ornia Seniors Special Fund. See instr	uctions		• 400].	00
		Alzhe	eimer's Disease and Related Dementi	a Voluntary Tax Contribu	tion Fund	• 401].	00
		Rare	and Endangered Species Preservation	n Voluntary Tax Contrib	ution Program	• 403].	00
		Calif	ornia Breast Cancer Research Volunt	ary Tax Contribution Fun	d	• 405].	00
		Calif	ornia Firefighters' Memorial Voluntar	/ Tax Contribution Fund .		• 406].	00
		Emei	rgency Food for Families Voluntary Ta	ax Contribution Fund		• 407].	00
		Calif	ornia Peace Officer Memorial Founda	tion Voluntary Tax Contr	ibution Fund	• 408].	00
		Calif	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410].	00
		Calif	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413].	00
suc		Scho	ool Supplies for Homeless Children V	oluntary Tax Contributior	n Fund	• 422] .	00
Contributions		State	e Parks Protection Fund/Parks Pass F	urchase		• 423] .	00
Cont		Prote	ect Our Coast and Oceans Voluntary	Fax Contribution Fund		• 424].	00
		Кеер	Arts in Schools Voluntary Tax Contr	bution Fund		• 425].	00
		Prev	ention of Animal Homelessness and	Cruelty Voluntary Tax Co	ntribution Fund	• 431].	00
		Calif	ornia Senior Citizen Advocacy Volunt	ary Tax Contribution Fun	d	• 438].	00
		Nativ	ve California Wildlife Rehabilitation Vo	oluntary Tax Contribution	1 Fund	• 439].	00
		Rape	e Kit Backlog Voluntary Tax Contribut	on Fund		• 440].	00
		Scho	ools Not Prisons Voluntary Tax Contri	bution Fund		• 443].	00
		Suici	ide Prevention Voluntary Tax Contrib	ution Fund		• 444].	00
		Ment	tal Health Crisis Prevention Voluntary	Tax Contribution Fund.		• 445] .	00
		Calif	ornia Community and Neighborhood	Tree Voluntary Tax Contr	ribution Fund	• 446].	00
	110	Add	code 400 through code 446. This is	our total contribution .	·····	• 110]	00

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You	r nan	ne:	CHAVA				Your SSN or I	TIN: 48	30-79-	658	34	_					
Amount You Owe	111	Mail	UNT YOU OWE. If to: FRANCHISE Online – Go to ftb.	TAX	BOARD, PO	BO	X 942867, SACI						e instru	ctions.	Do n	ot send cash.	. 00
t and ties	112 113	 2 Interest, late return penalties, and late payment penalties															. 00
Interest and Penalties		Check the box: FTB 5805 attached FTB 5805F attached														. 00	
<u> </u>		Tota	amount due. See	instr	uctions. Encl	lose	e, but do not sta	ple, any pa	ayment			114					. 00
	115	REF	JND OR NO AMO	UNT C	DUE. Subtrac	ct th	ne sum of line 1	10, line 11	2 and line	9 113	from line 9	9. See i	nstructio	ons.			
		Mail	to: FRANCHISE T	AX B(DARD, PO BO	OX	942840, SACRA	MENTO C	A 94240-(0001		115				1283	- 00
Refund and Direct Deposit		Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a void See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown be												k or:	a deposit slip.		
Direc		Type Routing number Checking Account number 1									• 116	16 Direct deposit amount					
and		053000196 X Checking C									1283 _00						
efunc		The	ne remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below														
č		Type Routing number												Divert	مام م		
					Checking			Jer					• 117	Direct	depo	osit amount	. 00
					Savings												
Our p	orivacy	notice	See the instructior e can be found in ann	ual tax	booklets or on	nline	e. Go to ftb.ca.gov /	privacy to le	arn about c	our pri	ivacy policy s	tatement,	or go to t	ftb.ca.g	ov/for	r ms and search f	or 1131
Unde	er pena	alties o	1 EN-SP, Franchise Ta of perjury, I declare 1 nd complete.		5			•	5								elief, it
Your	signat	ure	•				Dat	e		s	pouse's/RDF	's signatu	ure (if a jo	pint tax r	eturn	, both must sign	1)
			<u></u>														
			Your email add	dress.	Enter only one	e en	nail address.							Ē			r
	gn														:99	98750	
He	ere						preparer is base			of whi	ch preparer	has any	knowled	lge)			
	unlaw rge a	ful					JAIL GUEII									PTIN	
	use's/												Г	P020827	03		
sign	ature.		Firm's address											L	Firm's FEIN		
Joint retur	t tax 'n?		2530 PEBBLE CREEK LN CUMMING GA 30041										Г	3010171	96		
(See instr	e uctior	Do you want to allow another person to discuss this tax return with us? See instructions									Yes		× _{No}				
			Print Third Party I			501	. 15 0100000 0110							_ Telepho			
				3.	-												
			L]	L			

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CA (540)

2021 California Adjustments — Residents

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Na	me(s) as shown on tax return					SSN	or ITIN
A	DITYA CHAVA					48	80796584
Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions		C Additions See instructions
1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C1	ullet	191,787.	۲		۲	750.
2	Taxable interest. a • 2b	\odot		\odot		$oldsymbol{igodol}$	
3	Ordinary dividends. See instructions. a	$ \mathbf{O} $	133.	۲		۲	
4	IRA distributions. See instructions. a • 4b	$ \mathbf{O} $		۲		۲	
5	Pensions and annuities. See instructions. a • 5 b	۲		۲		۲	
6	Social security benefits. a • 6b	$ \mathbf{O} $		۲			
	Capital gain or (loss). See instructions	$oldsymbol{igstar}$	8,699.	۲		$oldsymbol{O}$	
		(Foi	rm 1040)				
1	Taxable refunds, credits, or offsets of state and local income taxes 1	ullet	0.	۲	0.		
2a	Alimony received. See instructions	ullet				۲	
3	Business income or (loss). See instructions 3	ullet		۲		۲	
4	Other gains or (losses)	\odot				ullet	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	$ \mathbf{O} $	-12,360.	۲		۲	
6	Farm income or (loss)6	ullet		۲		ullet	
	Unemployment compensation7	۲		۲			
8	Other income: a Federal net operating loss8a	ullet				۲	
	b Gambling income 8b	ullet		۲			
	${\bf c}$ Cancellation of debt 8 ${\bf c}$	$oldsymbol{igstar}$				ullet	
	d Foreign earned income exclusion from federal Form 2555 8d	ullet				$oldsymbol{igodol}$	
	e Taxable Health Savings Account distribution 8e	$ \mathbf{O} $		\odot			
	f Alaska Permanent Fund dividends	ullet					
	g Jury duty pay8g	$ \mathbf{O} $					
	h Prizes and awards8h	$ \mathbf{O} $					

REV 03/29/22 PRO

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Sec	tion B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B	Subtractions See instructions	C Additions See instructions
	i Activity not engaged in for profit income 8i	$ \mathbf{O} $					
	j Stock options						
	 k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8k 	•					
	I Olympic and Paralympic medals and USOC prize money	$ \mathbf{O} $					
	m IRC Section 951(a) inclusion 8 m	۲		۲			
	n IRC Section 951A(a) inclusion8 n	۲		۲			
	o IRC Section 461(I) excess business loss adjustment 80	۲					۲
	${\bf p}$ Taxable distributions from an ABLE account ${\bf 8p}$						
	z Other income. List type and amount.						
	• 8z	۲		۲			۲
9	a Total other income. Add lines 8a through 8z. 9a	۲		۲			•
	b1 Disaster loss deduction from form FTB 3805V . 9b1			۲			
	b2 NOL deduction from form FTB 3805V 9b2			۲			
	b3 NOL from form FTB 3805Z, 3807, or 3809 9b3			$ \mathbf{O} $			
	b4 Student loan discharged due to closure of a for-profit school						
10	Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions.	•	188,259.			0	• 750.
	ction C – Adjustments to Income m federal Schedule 1 (Form 1040)						
	Educator expenses	۲					
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12	۲		۲			۲
13	Health savings account deduction	$ \mathbf{O} $		۲			
14	Moving expenses. Attach form FTB 3913. See instructions	$ \mathbf{O} $					•
15	Deductible part of self-employment tax. See instructions	۲		۲			
16	Self-employed SEP, SIMPLE, and qualified plans16						
17	Self-employed health insurance deduction. See instructions	۲					

L



Sec	tion C – Adjustments to Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions		C Additions See instructions
18	Penalty on early withdrawal of savings	۲					
9	a Alimony paid					۲	
	b Recipient's: SSN •						
	Last Name 🖲						
)	IRA deduction	$ \mathbf{O} $					
	Student loan interest deduction	$ \mathbf{O} $				۲	
,	Reserved for future use						
;	Archer MSA deduction						
ŀ	Other adjustments: a Jury duty pay						
	 b Deductible expenses related to income reported on line 8k from the rental of personal property 					•	
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money			•			
	d Reforestation amortization and expenses24d						
	e Repayment of supplemental unemployment benefits under the Trade Act of 1974						
	f Contributions to IRC Section 501(c)(18)(D) pension plans						
	g Contributions by certain chaplains to IRC Section 403(b) plans			•			
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims	-					
	i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	•		۲			
	j Housing deduction from federal Form 2555 24 j						
	k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)						
	z Other adjustments. List type and amount.						
	·			$ \mathbf{O} $		$ \mathbf{O} $	
	Total other adjustments. Add lines 24a through 24z			۲		۲	
6	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions						
7	Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27		188,259.		0		75

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Part II Adjustments to Federal Itemized Deductions

Che	ck the box if you did NOT itemize for federal but will iter	nize	for Ca	alifornia •				
			A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions	C	Additions See instructions
Me	dical and Dental Expenses See instructions.			(
1	Medical and dental expenses •	1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 188,259.	2						
3	Multiply line 2 by 7.5% (0.075) • 14,119.							
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	.4	۲				۲	0.
	es You Paid a State and local income tax or general sales taxes.	.5a	۲	15,287.	۲	15,287.		
	b State and local real estate taxes	.5b	۲					
	c State and local personal property taxes	.5c	۲					
	d Add line 5a through line 5c	.5d	ullet	15,287.				
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e,	_		10,000		15 207		F 207
	column A in line 5e, column C			10,000.		15,287.		5,287.
6	Other taxes. List type 🔍	6	ullet		ullet		ullet	
7	Add line 5e and line 6	.7		10,000.	$ \mathbf{O} $	15,287.	ullet	5,287.
	 rest You Paid a Home mortgage interest and points reported to you on federal Form 1098 	.8a					۲	
	b Home mortgage interest not reported to you on federal Form 1098	.8b	۲				۲	
	c Points not reported to you on federal Form 1098.	.8c	۲				۲	
	d Mortgage insurance premiums	.8d	۲		۲			
	e Add line 8a through line 8d	.8e	۲		•		۲	
9	Investment interest	.9	ullet		۲		۲	
10	Add line 8e and line 9	10	۲		۲		۲	



Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Gif	ts to Charity					Τ	
		$ \mathbf{O} $	300.			•	
12	Other than by cash or check	ullet		۲		۲	
13	Carryover from prior year	$ \mathbf{O} $		۲		۲	
	Add line 11 through line 1314	۲	300.	۲		۲	
	casualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15			۲		۲	
Oth	er Itemized Deductions						
	Other—from list in federal instructions 16	ullet		۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17	$ \mathbf{O} $	10,300.		15,287.	\odot	5,287.
_	Total. Combine line 17 column A less column B plus co	lumn	C			918	300.
Job	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses - job travel, union du Attach federal Form 2106 if required. See instructions	es, jo	bb education, etc.	9 19 _			
20	Tax preparation fees			20			
	Other expenses - investment, safe deposit						
21	box, etc. List type •			21_	0.		
22	Add line 19 through line 21			22	0.		
	Enter amount from federal Form 1040 or 1040-SR, line 11						
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24_	3,765.		
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	300.
27	Other adjustments. See instructions. Specify.					27	
28	Combine line 26 and line 27					28	300.
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying widow(er) No. Transfer the amount on line 28 to line 29.		· · · · · · · · · · · · · · · · · · ·	\$212 \$318 \$424	2,288 3,437 4,581		200
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	4 (540)	, line 29	· 29	300.
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or o	ctior	ıs ying widow(er)	\$9	9,606		1 000
	Transfer the amount on line 30 to Form 540, line 18					[,] 30	4,803.
_					REV 03/29/22 PRO)	
	175		7735214		Schedule CA	(540)	2021 Side 5

California Wage, IRA and Pension Adjustments Attach to return (after all other FTB forms)

2021

Social Security No.

480-79-6584

Т

Name as Shown on Return ADITYA CHAVA

Line 1 – Wages, Salaries, Tips, Etc.

		(B) Subtractions	(C) Additions
1	Excess reimbursements from Form 2106 included in wage		
2	income		
2	Sick pay received under the Federal Insurance Contributions		
•	Act and Railroad Retirement Act		
4	Income exempted by U.S. tax treaties (unless specifically		
	exempt for state purposes also)		
5	Exclusion for compensation from exercising a California		
~	Qualified Stock Option (CQSO).		
6 7	Ridesharing fringe benefit differences		750.
8	Paid Family Leave Insurance (PFL) benefits		/50.
9	Employer-provided adoption benefits income exclusions.		
10	In-Home Supportive Services (IHSS) supplementary payment		
11	Native American income (Form 3504)		
12			
a	as smallest of amount spent or fair rental value		
b	Enter the amount spent on qual. housing expenses		
13 14	Excess moving reimbursements		
14	Employer-provided dependent care assistance exclusion		
16	Other (itemize):		
а			
b			
C			
d			
	Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1		750.

Line 4 – IRA, Pensions, and Annuities

IRA'	S	(B) Subtractions	(C) Additions
1 a b c	Other (itemize):		
d Pens	Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4 sions and Annuities	(B) Subtractions	(C) Additions
1 2 a b c d	Form 1099-R, Railroad Retirement Benefits		
	Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5		