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

Secial security number Security number Secial security number S	Submission Identification Number (SID)		·		
Spouse's social security number	Taxpayer's name	Social secu	ity numb	per	
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 2 Total tax 2 12, 489. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 15, 579. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to great you get and keep a copy of your refurm) 9 Amount you want refunded to great you get and keep a copy of your refurm) 9 Amount you want refunded to great you get and keep a copy of your refurm) 9 Amount you want refunded to great you get and keep a copy of your refurm) 9 Amount you want refunded to great you get and keep a copy of your refurm) 9 Amount you want refunded to great you get and keep a copy of your refurm) 9 Amount you want refunded to great you get and keep a copy of your refurm) 9 Amount you want refunded to great you get and keep a copy of your refurm) 9 Amount you want refunded to great you get and keep a copy of your refurm) 9 Amount you want refunded to great you get and keep a copy of your refurm) 9 Amount you want refunded to great you get and keep a copy of your refurm) 9 Amount you want refunded to great you get and keep a copy of your refurm) 9 Amount you want refurmed to great you get and keep a copy of your refurm) 9 Amount you want refurmed to your yell your yell you get and keep a copy of your refurm) 9 Amount your yell yell your yell yell y	KARTHEEK DEVARAPALLI	828-09	-017	5	
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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	Part I Tax Return Information — Tax Year Ending December 31, 2021	(Enter year you	are au	thorizing	.)
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 15, 579. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refund to refund the top to you get and keep a copy of your return) 1 Under penalties of perjun; 1 declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, I consent to allow my intermediate service provider, transmitter, or electronic return originator (EBO) 1 to send my return to the IRS and to scelevie from the IRS (a) an acknowledgement of receipt or reason for return or rejund; and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to inteller an ACH electronic funds withdrawal (circet debt) retry to the financial institution coord indicated in the reparations of the payment of my federal taxes over on this return and/or a payment of estimated tax, and the financial institution to delt the entry to this cancent indicated in the reparations of the payment of the payment (settlement) date. I also authorizes the financial institutions involved in the processing of the electronic payment of the payment (settlement) date. I also authorizes the financial institutions involved in the processing of the electronic payment of the payment (settlement) date. I also authorizes the financial institutions of the payment (settlement) date. I also authorizes the financial institutions involved in the processing of the electronic payment		(/
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Amount you want refunded to you Amount you want refunded to you Amount you owe Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of yellow the process of the income tax return (original or amended) I am now authorizing. The content is a copy of the income tax return (original or amended) I am now authorizing. The content is allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my netrun to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection to receive from the IRS (a) an acknowledgement of receipt or reason for rejection to receive from the IRS (a) an acknowledgement of receipt or reason for rejection to return originator (ERO) to send my netrun to the IRS and an acknowledgement of receipt or reason for rejection to return originator (ERO) to send my netrul to the second or related to the send of the return originator (ERO) to send my netrul to the second or related to the send of the return originator requests mandor as 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 at Teasury Financial Agent at Teasury Financial Agent at Teasury Financial Agent at Teasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at Teasury Financ			2	12	2,489.
S Amount you owe S 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 best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to 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 indication sostiware 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 to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-383-4537. 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 turther acknowledge that the personal identification number (Pily) below is my signature for the income tax return (original or amended) I am now authorizing as my Enter five digits, but don't enter all zeros Application Pily Pily			<u> </u>		
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Taxpayer's PIN: check one box only A authorize GLOBAL TAXES LLC ERO firm name I will enter my PIN 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 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 PIN: check one box only I authorize ERO firm name Signature on the income tax return (original or amended) I am now authorizing. Check this box only I authorize 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 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 - Practitioner PIN Method Only Date Part III Certification and Authentication - Practitioner PIN Method Only Sample of 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 Date Part III Sample of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.	to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reaso for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution acc payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellated business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or americans).	n for rejection of the ze the U.S. Treasury ount indicated in the institution to debit the reminate the authorization requests must be in the processing of to the payment. I further than the processing of the the payment.	transmistand its of tax prepared entry in the cation. The received of the electron and the cation are the cation and the cation are the cation and the cation are the cation are the cation and the cation are the catio	ssion, (b) to designated paration so to this according revoke wed no late ectronic parking which will be the control of the co	he reason I Financial Iftware for ount. This (cancel) a er than 2 ayment of e that the
I authorize GLOBAL TAXES LLC to enter or generate my PIN Enter five digits, but don't enter all zeros					
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ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a	im submitting this re-	urn in a	accordance	I am now e with the
ERO Must Retain This Form — See Instructions	ERO's signature ▶ Da	ate >			

1040

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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly bu checked the MFS box, enter the reson is a child but not your dependen	ame of	ed filing separately your spouse. If you	` '	_		` ,	_	, ,	` , ` ,
Your first name	and m	iddle initial	Last na	ıme					Your so	cial securi	ity number
KARTHEE	K		DEVA	ARAPALLI					828-0	09-017	5
If joint return, s	pouse's	s first name and middle initial	Last na	ıme					Spouse's	s social se	curity number
	•	er and street). If you have a P.O. box, see	instructi	ons.				Apt. no.	1	ntial Electi	ion Campaigr
		COMMONS BLVD			104-	4-	710				ntly, want \$3
DUBLIN	OST OTTI	ce. If you have a foreign address, also co	omplete s	paces below.	Sta O1			code 8016	to go to	0,	Checking a
Foreign countr	y name			Foreign province/stat	te/coun	ty	Fore	eign postal code	your tax	or refund	. Spouse
At any time du	ıring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of a	any fina	ancial interes	st in an	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction		neone can claim:				'	nt				
Age/Blindnes	you:	: Were born before January 2, 1	957	Are blind S	pouse	: Was b	orn be	fore January	2, 1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relation	nship	(4) ✓ if q	ualifies for	(see instru	uctions):
If more	(1) F	First name Last name		number to you		Child tax c	redit	Credit for of	ther dependents		
than four											
dependents, see instruction											
and check	5 —										
here ▶ □											
	1	Wages, salaries, tips, etc. Attach I	orm(s)	W-2					. 1		99,206.
Attach	2a	Tax-exempt interest	2a		b T	axable inter	est		. 2b		
Sch. B if required.	3a	Qualified dividends	3a	1.	b C	Ordinary divid	dends		. 3b		1.
required.	4a	IRA distributions	4a		b T	axable amo	unt .		. 4b		
	5a	Pensions and annuities	5a		b T	axable amo	unt .		. 5b		
Standard	6a	Social security benefits	6a		b T	axable amo	unt .		. 6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not re	quired	, check here		▶[7		166.
 Single or Married filing 	8	Other income from Schedule 1, lin	ie 10						. 8	_	10,000.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	his is your total ir	come				▶ 9		89,373.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26					. 10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted gross inc	ome				▶ 11		89,373.
widow(er), \$25,100	12a	Standard deduction or itemized				-	12a	12,55	0.		
Head of	b	Charitable contributions if you take		•	,	ructions)	12b	30	0.		
household, \$18,800	С	Add lines 12a and 12b							. 120	;	12,850.
If you checked	13	Qualified business income deduct	ion from	n Form 8995 or Fo	rm 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or les	s, ente	er -0			. 15		76,523.

	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 🗌	16	12,584.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	12,584.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	95.
	21	Add lines 19 and 20	21	95.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	12,489.
	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	12,489.
	25	Federal income tax withheld from:		
	а	Form(s) W-2	٠.	
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	15,579.
If you have a	26	2021 estimated tax payments and amount applied from 2020 return	26	
qualifying child,	27a	Earned income credit (EIC)		
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before		
		January 2, 2004, and you satisfy all the other requirements for		
		taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐		
	b	Nontaxable combat pay election		
	С	Prior year (2019) earned income		
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28	-	
	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		15,579.
	33	Add lines 25d, 26, and 32. These are your total payments		3,090.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
Direct deposit?	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □ Routing number 0 5 1 0 0 0 0 1 7 ▶ c Type: ★ Checking □ Saving	35a	3,090.
See instructions.	►b	Routing number 0 5 1 0 0 0 0 1 7 ► c Type: X Checking Saving Account number 4 3 5 0 3 6 2 9 4 6 5 9	S	
	► d 36			
Amount		Amount of line 34 you want applied to your 2022 estimated tax	> 37	
Amount You Owe	37 38	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions Estimated tax penalty (see instructions)	31	
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	e below	× No
Designee		signee's Phone Personal ide		
	nar	me ▶ no. ▶ number (PIN		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and		
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh		,
11010	You			ent you an Identity PIN, enter it here
Joint return?			ee inst.) >	
See instructions.	Spo		the IRS se	ent vour spouse an
Keep a copy for		Id	entity Pro	tection PIN, enter it here
your records.		(Si	ee inst.) 🕨	·
		one no. (614)619-9160 Email address KARTHEEK.6744@GMAIL.COM		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/17/2022 P020	82703	Self-employed
Use Only			none no.	(678)965-9522
	Firr	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Fi	rm's EIN	<u>30-1017196</u>
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 02/11/22 PRO		Form 1040 (2021)

Form 1040 (2021)

Page **2**

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

KARTHEEK DEVARAPALLI

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.

Your social security number 828-09-0175

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	8	1	0.
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, truschedule E		5	-10,000.
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		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z	I	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10			
	1040-NR. line 8		10	_10 000

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 3 (Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. **03** Your social security number

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR		1		ecurity number
	THEEK DEVARAPALLI		828-	09-0	175
Par	t I Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2447 Form 2441			2	
3	Education credits from Form 8863, line 19			3	95.
4	Retirement savings contributions credit. Attach Form 8880			4	
5	Residential energy credits. Attach Form 5695			5	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
- 1	Amount on Form 8978, line 14. See instructions	61			
z	Other nonrefundable credits. List type and amount ▶	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20	•	•	8	95.

Schedule 3 (Form 1040) 2021

95.

Schedule 3 (Form 1040) 2021 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d		13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
Z	- 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

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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 828-09-0175 KARTHEEK DEVARAPALLI

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 1,384. 1,218. 166. 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 7 166. 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

BAA

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 166. • 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 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 qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

2021 Attachment Seguence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

rvarric(s) showir c	miletum	
KARTHEEK	DEMARAPALIT	

Social security number or taxpayer identification number 828-09-0175

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 F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions (c) If you See See			(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Crypto LLC	01/01/21	05/09/21	660.	614.			46.
Robinhood Securities LLC	01/01/21	04/23/21	724.	604.			120.
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 A)	al here and inc is checked), lir	lude on your ne 2 (if Box B	1 384	1 218			166

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.

SCHEDULE E (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

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.

Attachment

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 828-09-0175 KARTHEEK DEVARAPALLI Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α RAGHURAM NAGAR, SATTENAPALL GUNTUR TELANGANA IN 522403 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a (from list below) **Days Days** Α 365 0 Α qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 600. 4 Royalties received 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 1,500. 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 1,000. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. 14 Repairs. 14 2,600. 15 2,500. 15 Supplies . Taxes 16 16 17 17 3,000. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 10,600. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -10,000. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 10,000.) 600 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 10,600. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 10,000. 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 -10,000.

Education Credits (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 Attachment Sequence No. **50**

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

KARTHEEK DEVARAPALLI

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

828-09-0175

Your social security number



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Par	Refundable American Opportunity Credit		
1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)		
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter		
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)		
6	If line 4 is:		
	• Equal to or more than line 5, enter 1.000 on line 6		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the		
	conditions described in the instructions, you can't take the refundable American opportunity credit;		
	skip line 8, enter the amount from line 7 on line 9, and check this box	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and		
Dord	on Form 1040 or 1040-SR, line 29. Then go to line 9 below	8	
Part 9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) .	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If	9	
10	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	7,500.
11	Enter the smaller of line 10 or \$10,000	11	7,500.
12	Multiply line 11 by 20% (0.20)	12	1,500.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or		
	qualifying widow(er)		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for		
	the amount to enter		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)		
17	If line 15 is:		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18		
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	0.063
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	95.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	95.

Name(s) shown on return	Your social security number
KARTHEEK DEVARAPALLI	828-09-0175



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part	Student and Educational Institution Information	1. See i	nstructions.		
20	Student name (as shown on page 1 of your tax return) KARTHEEK		Student social security number (as s our tax return)	hown	on page 1 of
	DEVARAPALLI	,	828-09-0175		
22	Educational institution information (see instructions)				
	Name of first educational institution	b. N	lame of second educational institut	ion (if	any)
	Campbellsville University Inc.			,	<i>,</i>
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. University Drive 	(1)	Address. Number and street (or P. post office, state, and ZIP code. If instructions.		
	CAMPBELLSVILLE KY 42718				
(2	2) Did the student receive Form 1098-T Yes □ No from this institution for 2021?	(2)	Did the student receive Form 1098 from this institution for 2021?	-Т	Yes No
(;	Did the student receive Form 1098-T from this institution for 2020 with box ☐ Yes ☒ No 7 checked?	(3)	Did the student receive Form 1098 from this institution for 2020 with b 7 checked?		Yes No
(4	1) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.		Enter the institution's employer (EIN) if you're claiming the America if you checked "Yes" in (2) or (3) from Form 1098-T or from the institution.	an opp J. You	oortunity credit or can get the EIN
	61-0469267				
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021?		s - Stop! to line 31 for this student. No	– Go	to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	X Ye		– Sto his stu	p! Go to line 31 udent.
25	Did the student complete the first 4 years of postsecondary education before 2021? See instructions.	× Go	s – Stop! o to line 31 for this No	– Go	to line 26.
26	Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?	Go			mplete lines 27 O for this student.
CAUT				in the	e same year. If
	American Opportunity Credit				
27	Adjusted qualified education expenses (see instructions). Don			27	
28	Subtract \$2,000 from line 27. If zero or less, enter -0			28	
29	1 3 7 7			29	
30	If line 28 is zero, enter the amount from line 27. Otherwise, a context the recult. Skip line 31, linely do the total of all amounts from			20	
	enter the result. Skip line 31. Include the total of all amounts fine Learning Credit	ioni ali I	rants iii, iine su, on Part I, line T.	30	
	·	ude #5 c	total of all amounts from all Darts		
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10			31	7,500.



2021 Ohio IT 1040

Individual Income Tax Return
Use only black ink/UPPERCASE letters.



AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

	Primary taxpayer's SSN (required) 828 09 0175	✓ If deceased	Sp	oouse's SSN (if	filing jointly	/) ✓ If decease	ed Scl	hool district #	
	First name KARTHEEK		M.I.	Last name DEVARA	APALLI				
	Spouse's first name (if filing jointly)		M.I.	Last name					
	Address line 1 (number and street) or F 5663 TUTTLE COMMON								
	Address line 2 (apartment number, suit	e number, etc.)							
	City DUBLIN Foreign country (if the mailing address	is outside the U.S.)			State OH Foreign p	ZIP code 43016 postal code	Ohio county (f	irst four letters)	
	Residency Status – Check only of X Resident Part-year resident	one for primary Nonresident Indicate state	>>			Status – Check one			return)
	Check only one for spouse (if filing join Resident Part-year resident	tly) Nonresident Indicate state	>>			arried filing jointly arried filing separately		Spouse's SSN	
	Ohio Nonresident Statement Primary meets the five criteria for in				Fe	deral extension filers	s - check here.		
	Spouse meets the five criteria for ir	rebuttable presumption	on as r	nonresident.		someone can claim yo pendent, check here.	u (or your spou	se if filing jointly) as a	ı
paper clip.	Federal adjusted gross income (f if negative							89373	00
e or pa	2a. Additions – Ohio Schedule of Adjus	tments, line 10 (incl	ude so	chedule)		2a.			00
stapl	2b. Deductions – Ohio Schedule of Adju	ustments, line 39 (in	clude	schedule)		2b.			00
Do not staple or	Ohio adjusted gross income (line 1 if negative					3.		89373	00
	Exemption amount (include Sched Number of exemptions including you					4.		1900	00
	5. Ohio income tax base (line 3 minus			• • •	_	5.		87473	00
	6. Taxable business income – Ohio Sc	chedule IT BUS, line	13 (in	clude schedı	ule)	6.			00
	7. Taxable nonbusiness income (line 5	i minus line 6; if neg	ative, e	enter zero)		7.		87473	00
			ve Provi		}				

0098

2021 Ohio IT 1040

Individual Income Tax Return



SSN 828 09 0175

21000298	Sequence No. 2

7a. Amount from line 7 on page 1		7a.	87473	00
8a. Nonbusiness income tax liability on line 7a (see instruction	ons for tax tables)	8a.	2273	00
8b. Business income tax liability – Ohio Schedule IT BUS, lin	ne 14 (include schedule)	8b.		00
8c. Income tax liability before credits (line 8a plus line 8b)		8c.	2273	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, I	ine 38 (include schedule)	9.	0	00
10. Tax liability after nonrefundable credits (line 8c minus line	e 9; if negative, enter zero)	10.	2273	00
11. Interest penalty on underpayment of estimated tax (inclu	rde Ohio IT/SD 2210)	11.		00
12. Unpaid use tax (see instructions)		12.		00
13. Total Ohio tax liability before withholding or estimated p	payments (add lines 10, 11 and 12)	13.	2273	00
14. Ohio income tax withheld – Schedule of Ohio Withholding income statements)			3232	00
15. Estimated and extension payments (from Ohio IT 1040Es from last year's return	, ,			00
16. Refundable credits – Ohio Schedule of Credits, line 44 (i	nclude schedule)	16.		00
17. Amended return only – amount previously paid with original	ginal and/or amended return	17.		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).		18.	3232	00
19. <u>Amended return only</u> – overpayment previously reques	ted on original and/or amended return	19.		00
20. Line 18 minus line 19. Place a "-" in the box if negative			3232	00
If line 20 is MORE THAN line 13, skip to line 24 21. Tax due (line 13 minus line 20). If line 20 is negative, igno				00
22. Interest due on late payment of tax (see instructions)				00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include (
(if amended return) and make check payable to "Ohio T				00
24. Overpayment (line 20 minus line 13)		24.	959	00
 25. <u>Original return only</u> – portion of line 24 carried forward to 26. <u>Original return only</u> – portion of line 24 you wish to done a. Military Injury Relief b. Ohio History Fund 				00
00 00	00			
d. Breast/Cervical Cancer e. Wishes for Sick Childre	en f. Wildlife Species	Total 26g.		00
00 00	00			
27. REFUND (line 24 minus lines 25 and 26g)			959	00
Sign Here (required): I have read this return. Under penalties and belief, the return and all enclosures are true, correct and comple			1.00 or less, no refund will be	

and belief, the return and all enclosures are true, correct and complete.

Phone number (614)619-9160 Primary signature

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.



Sequence No. 11

Primary taxpayer's SSN

828 09 0175

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms only if they have Ohio withholding. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 3232 00

Part B -	W-2s		
1. P/S P	Box b - EIN 473527781	Box 1 - Wages, tips, other compensation 99206 00	Box 2 - Federal income tax withheld 15579 00
	Box 15 - Employer's Ohio ID number 54110912	Box 16 - Ohio wages, tips, etc. 99206 00	Box 17 - Ohio income tax 3232 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 0 0
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 0 0
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



0098

2021 Schedule of Ohio Withholding Primary taxpayer's SSN

828 09 0175



21350298

Sequence No. 12

D1 0	4000 B-	828 09 0175		Sequence No. 12
	1099-Rs	Box 1 - Gross distribution		Coquence No. 12
1. P/S	Payer's TIN	0 0	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
2. P/S	Payer's TIN	Box 1 - Gross distribution	Tatal	Box 7 -
		00	Total distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Doy 7
		00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Doy 7
		00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
Port D	W 260			
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Boy 4	I - Federal income tax withheld
1. F/3	rayers lederal in humber	00	BOX -	00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	4 - Federal income tax withheld
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
Part E -	1099-NECs			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
		00		00
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
		00		00
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4	4 - Federal income tax withheld
, -	•	00		00
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
		00		00
_				

Form R		DIDI IN CITY			Fiscal Yea	ars Fill in [Dates	
	2021 INC	DUBLIN CITY COME TAX RETU	IRN	2021	Ending			
Eleber	THIS RETURN MUST BE FIL	ED BY EVERYONE REQUIRE	D TO SUBMIT A DECL		And File \	Within 4 M		
OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY			7100010112711127711	J 114 1 022.			Yes	No
INDICATE SOLE PROPRIETOR	RSHIP		ARE YOU A RESIDE	NT? · · · ·			×	
WHETHER	OYEE OTHER		DID YOU FILE A RET	URN FOR 201	9?			
ACCOUNT NUMBER	ACCOUNT TYPE	SSN	HAS INTERNAL REV	ENUE SERVIC	E INCREASED YOU	R		
		828-09-0175	INCOME TAX LIABIL					
Date moved in		Spouse SSN	IF SO, HAS AN AMEI BEEN FILED?					
Date moved out			YOUR LOCAL PHON	E NUMBER	(614)619-9	160	
KARTHEEK DEVARAPAI	TTT		This Space	For Tax O	ffice Use Only			
5663 TUTTLE COMMON	JS BLVD							
DUBLIN		ОН 43016						
Your Name, Address and Social Securit On Our Records. Make Corrections Wh Missing. Attach Copy of Federal Return Otherwise, Returns Will Be Questioned	ty Number/Federal ID Number Are Print ere Necessary. Add Social Security Nu And Schedules in Lieu of Page 2 Sche if all lines Applicable to Taxpayer Are N	ted Above As They Appear mber/Federal ID Number If dules C, E, and H. Not Completed.						
	here Employed, And 2021 G		onuses, Commiss	sions, Tips	Etc. Attach Co	opy Of W-	·2 Fori	m(s)
Employer's Name (Attacl	h Copy of W-2 Form(s))	City Where E	mployed	City Tax	Withheld	Wages	s, Etc	
BROOKLYN CONSULTIN					496		99	206
BROOKLYN CONSULTIN	IG GROUP INC.				1488			
-								
	f above is fully taxable and y						99	206
	COME: FROM PAGE 2 COME (TOTAL OF LINES 1 A				<u> </u>		0.0	206
	T DEDUCTIBLE (FROM LINE		i				99	206
	T TAXABLE (FROM LINE L S	•						
AD ILIOT	E BETWEEN LINES 4a and b TO BI		1					
INCOME 5 a ADJUSTED	D NET INCOME (Line 3 plus of	or minus Line 4c if Schedu	ıle X is used)				99	206
	Line 5a Allocable (step 5 Schedule Y	,				
	OCABLE NET LOSS PER PR		,	•				
	SUBJECT TO DUBLIN (CITY TAX RATE 2.0		TAX (Line 5a OR	DD LESS LII	NE 2C)			9 <u>206</u> 984
	a Tax withheld by employer		bove		1984			.904
	b Payments and credits on	` '			1701			
CREDITS	c Earned income		(Resident					
	taxes paid City of	TOTAL CREDITS ALLOW	_ individuals only) /ABLE				1	984
9 BALANCE OF TAX DU	JE (Line 7 Less Line 8) Make				<u> </u>			. 701
	MED (If Line 8 Exceeds Line 7		• .		0			
Enter Amount of line 10		ur 2022 Estimated Tax .		0				
DECLARATION OF ESTIMAT			. \$	- 0				
11 Total Income Subject to		x %			11 \$			
	1 							
	ne 11 - Line 12)							
	(Line 13 - Line 14)							—
	mated Payment Due (1/4 of Li							
	turn (Add Lines 9 and 16)							
I CERTIFY I HAVE EXAMINED THIS R IT IS TRUE, CORRECT AND COMPLE	ETURN INCLUDING ACCOMPANYING TE AND THAT THE FIGURES USED I	G SCHEDULES AND STATEMENT HEREIN ARE THE SAME AS FOR	TS AND TO THE BEST OF FEDERAL INCOME TAX	F MY KNOWLE (PURPOSES.	EDGE AND BELIEF	OHYB9	901 09	9/27/16
SYAM PRIYA RAM SAG			TURE OF TAXPAYER OI	R AGENT				DATE
GLOBAL TAXES LLC								
2530 PEBBLE CREEK								
CUMMING ADDRESS OR NAME AND ADDRESS	GA 3004		TURE OF SPOUSE					DATE
If this return was prepared by a tax p				ion of this retu	rn? YES	NO		

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 Check only one box.	If yo	Single Married filing jointly but checked the MFS box, enter the reson is a child but not your dependent	— name of	ied filing separately your spouse. If you	` '	_		`	, -	_	, ,	` , ` ,
Your first name	and m	iddle initial	Last n	ame						Your so	cial securi	ty number
KARTHEE	Χ		DEV.	ARAPALLI						828-	09-017	5
If joint return, s	pouse's	s first name and middle initial	Last n	ame						Spouse'	Spouse's social security numbe	
	•	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.			ntial Election	on Campaign or your
		ce. If you have a foreign address, also co	omplete	spaces below.	Stat	e	ZIP	code				ntly, want \$3
DUBLIN		,	•		ОН	I	43	3016		0	this fund. ow will not	Checking a
Foreign country	y name			Foreign province/state	e/count	у	For	eign postal o			or refund.	•
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of ar	ny fina	ncial inte	est in ar	ny virtual c	urren	cy?	Yes	⊠ No
Standard Deduction	_	neone can claim: You as a de Spouse itemizes on a separate retu	•			a depend	ent					
Age/Blindness	You:	: Were born before January 2, 1	957	Are blind Sp	ouse:	: \square Wa	s born be	efore Janu	arv 2.	1957	☐ Is bl	lind
Dependents	s (see	instructions):		(2) Social securi	tv	(3) Relat					r (see instru	uctions):
If more	•	irst name Last name		number	,	to y		Child		1	•	her dependents
than four												
dependents, see instruction												
and check	5											
here ▶ □												
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1		99,206.
Attach	2 a	Tax-exempt interest	2a		b Ta	axable int	erest			2b		
Sch. B if required.	3a	Qualified dividends	3a	1.	b O	rdinary di	vidends			3b		1.
	4a	IRA distributions	4a		b Ta	axable an	nount .			4b		
	5a	Pensions and annuities	5a		b Ta	axable an	nount .			5b		
Standard	6a	Social security benefits	6a		b Ta	axable an	nount .			6b		
• Single or	7	Capital gain or (loss). Attach Sche	dule D	if required. If not red	quired,	check he	ere .		▶ □	7		166.
Married filing	8	Other income from Schedule 1, lir	ne 10							8		10,000.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total in	come				. •	9	1	89,373.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26						10		
jointly or Qualifying	11_	Subtract line 10 from line 9. This is	s your a	ndjusted gross inco	me				. •	11		89,373.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedul	e A)		12a	12,	550			
Head of	b	Charitable contributions if you take	the sta	ndard deduction (se	e instru	uctions)	12b		300			
household, \$18,800	С	Add lines 12a and 12b								120	;	12,850.
If you checked any box under	13	Qualified business income deduct	tion fror	m Form 8995 or Forr	n 899	5-A				13		
any box under Standard	14	Add lines 12c and 13								14	_	12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	, enter	r -0				15		76,523.

	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 🗌	16	12,584.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	12,584.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	95.
	21	Add lines 19 and 20	21	95.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	12,489.
	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	12,489.
	25	Federal income tax withheld from:		
	а	Form(s) W-2	٠.	
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	15,579.
If you have a	26	2021 estimated tax payments and amount applied from 2020 return	26	
qualifying child,	27a	Earned income credit (EIC)		
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before		
		January 2, 2004, and you satisfy all the other requirements for		
		taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐		
	b	Nontaxable combat pay election		
	С	Prior year (2019) earned income		
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28	-	
	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		15,579.
	33	Add lines 25d, 26, and 32. These are your total payments		3,090.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
Direct deposit?	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □ Routing number 0 5 1 0 0 0 0 1 7 ▶ c Type: ★ Checking □ Saving	35a	3,090.
See instructions.	►b	Routing number 0 5 1 0 0 0 0 1 7 ► c Type: X Checking Saving Account number 4 3 5 0 3 6 2 9 4 6 5 9	S	
	► d 36			
Amount		Amount of line 34 you want applied to your 2022 estimated tax	> 37	
Amount You Owe	37 38	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions Estimated tax penalty (see instructions)	31	
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	e below	× No
Designee		signee's Phone Personal ide		
	nar	me ▶ no. ▶ number (PIN		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and		
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh		,
11010	You			ent you an Identity PIN, enter it here
Joint return?			ee inst.) >	
See instructions.	Spo		the IRS se	ent vour spouse an
Keep a copy for		Id	entity Pro	tection PIN, enter it here
your records.		(Si	ee inst.) 🕨	·
		one no. (614)619-9160 Email address KARTHEEK.6744@GMAIL.COM		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/17/2022 P020	82703	Self-employed
Use Only			none no.	(678)965-9522
	Firr	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Fi	rm's EIN	<u>30-1017196</u>
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 02/11/22 PRO		Form 1040 (2021)

Form 1040 (2021)

Page **2**

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

KARTHEEK DEVARAPALLI

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.

Your social security number 828-09-0175

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	8	1	0.
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, truschedule E		5	-10,000.
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		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z	I	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10			
	1040-NR. line 8		10	_10 000

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 3 (Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. **03** Your social security number

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR		1		ecurity number
	THEEK DEVARAPALLI		828-	09-0	175
Par	t I Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2447 Form 2441			2	
3	Education credits from Form 8863, line 19			3	95.
4	Retirement savings contributions credit. Attach Form 8880			4	
5	Residential energy credits. Attach Form 5695			5	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
- 1	Amount on Form 8978, line 14. See instructions	61			
z	Other nonrefundable credits. List type and amount ▶	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20	•	•	8	95.

Schedule 3 (Form 1040) 2021

95.

Schedule 3 (Form 1040) 2021 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d		13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
Z	- 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

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