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

| Submission Identification Number (SID) Taxpayer's name Part II Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.) Enter whole dollars only on liners 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 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 16, 028 4 Amount you want returned to you 4 1, 805 5 Amount you want returned to you 5 Amount you want returned to you 6 Amount you want returned to you 7 Sampayer Peclaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of parium, 1 declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best or any design in processing the return or refund, and (b) the date of any return line or region of the transmission, (b) the return of any design in processing the return or refund, and (b) the date of any return of recipitation account indicated in the tax preparation software for any design in processing the return or refund, and (b) the date of any return line fraction in the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the response to send my return to the IRS and to acceive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the response to send my return to the IRS and to acceive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the date of any return line of the payment or return or return or return or return or reput and to acceive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the acceleration of the stransmission, (b) the acceleration of the stransmission account return the payment of the declar taxes owed on the return or return or return or return or reput of the payment or return or return the receipt of the payment or return or return | | | | |
|--|--|--|---|---|
| Spouse's social security number Part | Submission Identification Number (SID) | | | |
| Spouse's sories | Taxpayer's name | Social securi | ty number | |
| Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS fifers use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 | PRATHYUSH KATARPU | 819-85 | -5503 | |
| Enter whole dollars only on lines 1 through 5. Note: Form 10:40-SS files use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 | | | | er |
| Enter whole dollars only on lines 1 through 5. Note: Form 10:40-SS files use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 | Port I Tay Datum Information Tay Very Ending December 21 |) 1 (Enterview of | ro outhorizina | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax | - | (Enter year you a | re authorizing | .) |
| 1 | | | | |
| 2 10.14 (2.23.) 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | • | | 1 96 | 5 830 |
| A mount you want refunded to you Battul Taxpayer Declaration and Signature Authorization [Be sure you get and keep a copy of your return] Lorder 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 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 original from the income tax return (original or amended) is mnow authorization in or any delay in processing the return or refund, and (c) the date of any retund. If applicable, I authorize the U.S. Treasing 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 or any dealy in the original or amended in the tax preparation software for original or amended in the tax preparation software for any dealy in the financial institution involved in the processing of the electronic resource in the financial fund in the tax preparation software for the payment (settlement) data. 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. I will enter my PIN as my 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 | , , | | | |
| Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perliun, 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 transor amounts from the income tax return (original or amended) I am now authorizing, and to the best 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 (ERO) Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for any debug in processing the return or refund, and (6) the cellor of any refund. If applicable, I authorize the U.S. Tread and I sate advantaged to any refund. If any 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 supment, I must contact the U.S. Treasury Financial Agent at 18-88-35-4837. 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 the substance or confidental information necessary to answer inquirise and resolve issues related to the payment. I thursh each covided that the activation of the centre of the income tax return (original or amended) I am now authorizing of the electronic payment of the payment is strip and the centre of 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. Pr | | | | |
| S Amount you owe S Part III 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 cate of any refund. If applicable, I authorize the I.S. Treasury and its designated Financial Agent to initiate an APH electronic funds withdrawal (direct debid) entry to the financial institutions into account indication to the tax proparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions into the tax proparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions into the text proparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions into the text proparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions into the text proparation software for payment of my federal taxes owed on this return and/or apayment federal taxes or received confidential information necessary to answer inquiries and resolve issues related to the payment. I turther acknowledge that the personal identification number (PIP) below is my signature for the income tax return (original or amended) I am now authorizing. I will neter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check | | | | |
| 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 the property 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 the property of the income tax return (original or amended) I am now authorizing. The property is as my signature on the income tax return (original or amended) I am now authorizing. Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Returns Only—continue below Part IIII Certification and Authentication — Practitioner PIN Method Returns Only—continue below Part IIII Certification and Authentication — Practitioner PIN Method Only ERO Must Retain This Form — See Instructions Date ▶ ERO firm tarm submits of the Provisions of the Practitioner PIN method and Pub. 1345, Handbow I not submits to the Practitioner PIN method and Pub. 1345, Handbow I not put to the Provisions of the Practitioner PIN method and Pub. 1345, Handbow I not provided I not provided the Provision of the Practitioner PIN method and Pub. 1345, Handbow I not provided the Provision of the Practitioner PIN method. The Practitioner PIN method I not provided the Practitioner PIN method. The ERO must condided I am now authorizing. | 5 Amount you owe | | 5 | |
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| Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC | my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in I return (original or amended) I am now authorizing. I consent to allow my intermediate service provide to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorated to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution apayment 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 payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancel business days prior to the payment (settlement) date. I also authorize the financial institutions involtaxes to receive confidential information necessary to answer inquiries and resolve issues relate personal identification number (PIN) below is my signature for the income tax return (original or am | Part I above are the ameler, transmitter, or electroson for rejection of the trorize the U.S. Treasury a account indicated in the trail institution to debit the or terminate the authorizal lation requests must be twed in the processing of d to the payment. I further transmitted to the payment. | counts from the inconic return original ransmission, (b) that its designated ax preparation so entry to this acception. To revoke the received no late the electronic part of the racknowledge. | ncome tax ator (ERO) the reason I Financial oftware for count. This (cancel) a ter than 2 ayment of e that the |
| I authorize GLOBAL TAXES LLC ER0 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 PIN: check one box only Date Da | | | | l |
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| I authorize | Your signature ► | Date ► | | |
| I authorize | Snouse's DIN: check one how only | | | |
| 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 ☐ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. ☐ Seponder of the 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 ► Enter five digits, but don't enter all zeros Part III Date ► Enter five digits, but don't enter all zeros | • — | generate my PINI | | ac my |
| 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 — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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 — See Instructions | | | ter five digits, but | asiliy |
| 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 ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Don't enter all zeros 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 ▶ | signature on the income tax return (original or amended) I am now authorizing. | | | |
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| 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 <i>e-file</i> Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions | ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | | | 3 9 |
| 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 | I am submitting this retu | irn in accordance | |
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E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

| 202 | 1 |
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OMB No. 1545-0074

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

| Filing Status Check only one box. | If yo | Single Married filing jointly uchecked the MFS box, enter the nation is a child but not your dependent | - ame of | ied filing separately f your spouse. If you | . , | _ | | | _ | | . , . , |
|---|---|--|---------------|--|------------|-------------------|-------|----------------------------|-------------|---------------------------|-----------------------------|
| Your first name | and mi | ddle initial | Last n | ame | | | | | Your so | cial securit | ty number |
| PRATHYUS | SH | | KAT. | ARPU | | | | | 819- | 85-550 | 3 |
| If joint return, s | pouse's | s first name and middle initial | Last n | ame | | | | | Spouse | 's social se | curity number |
| | • | er and street). If you have a P.O. box, see KNOB RD | instruc | tions. | | | | Apt. no. | | ntial Election | on Campaign or your |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete | spaces below. | Sta N(| | | code 037 | to go to | | tly, want \$3 Checking a |
| Foreign country | y name | | | Foreign province/stat | e/coun | ty | Fore | eign postal code | | ow will hot or refund. | |
| At any time du | ring 20 | 021, did you receive, sell, exchange, | or oth | erwise dispose of a | ny fina | ancial interest i | n an | y virtual curre | ncy? | X Yes | ☐ No |
| Standard Deduction | | eone can claim: | | | | • | | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 957 | Are blind S | pouse | : Was bo | rn be | fore January 2 | 2, 1957 | ☐ Is bl | ind |
| • | ents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you Child tax credit | | | | | | 1 | ctions): her dependents | | | |
| If more than four | (1) | Last Harris | | | | - | | | - Cuit | 10 101 101 01 | |
| dependents, | | | | | | | | | | | = |
| see instructions and check | s —— | | | | | | | | | | = |
| here | | | | | | | | | | | = |
| | _ 1 | Wages, salaries, tips, etc. Attach F | orm(s) | W-2 | | | | | . 1 | 1 | 07,333. |
| Attach | 2a | Tax-exempt interest | 2a | | b T | axable interes | t | | . 2b |) | |
| Sch. B if required. | За | Qualified dividends | 3a | | b C | Ordinary divide | nds | | . 3b |) | |
| required. | 4a | IRA distributions | 4a | | b T | axable amoun | t. | | . 4b |) | |
| | 5a | Pensions and annuities | 5a | | b T | axable amoun | t. | | . 5b |) | |
| Standard | 6a | Social security benefits | 6a | | b T | axable amoun | t. | | . 6b | | |
| Deduction for— | 7 | Capital gain or (loss). Attach Scheo | dule D | if required. If not re | quired | , check here | | ▶ [| 7 | | -138. |
| Single or Married filing | 8 | Other income from Schedule 1, line | e 10 | | | | | | . 8 | -: | 10,365. |
| separately, \$12,550 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a | and 8. | This is your total in | come | | | | ▶ 9 | (| 96,830. |
| Married filing | 10 | Adjustments to income from Schee | dule 1, | line 26 | | | | | . 10 |) | |
| jointly or Qualifying | 11_ | Subtract line 10 from line 9. This is | your a | adjusted gross inc | ome | | | | ▶ 11 | (| 96,830. |
| widow(er), \$25,100 | 12a | Standard deduction or itemized | deduc | tions (from Schedu | le A) | 12 | а | 12,55 | 0. | | |
| Head of | b | Charitable contributions if you take | the sta | andard deduction (se | e instr | ructions) 12 | b | 300 | 0. | | |
| household, \$18,800 | С | Add lines 12a and 12b | | | | | | | . 12 | c : | 12,850. |
| If you checked | 13 | Qualified business income deducti | on fror | m Form 8995 or Foi | m 899 | 95-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 les | s, ente | er-0 | | | . 15 | 5 8 | 33,980. |

| Form 1040 (2021 | 1) | | | | | | | | | Page 2 |
|--------------------------------------|------------|--|--|---------------------------------|-----------------------|--|-----------|-----------|--|---------------|
| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | 16 | 14,2 | 23. |
| | 17 | Amount from Schedule 2, lin | e3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 14,2 | 23. |
| | 19 | Nonrefundable child tax cred | dit or credit for c | ther depender | nts from Schedule | e 8812 | | 19 | | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 14,2 | 23. |
| | 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 | 14,2 | 23. |
| | 25 | Federal income tax withheld | from: | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 16 | ,028. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 16,0 | 28. |
| If you have a | 26 | 2021 estimated tax payment | s and amount a | pplied from 20 | 20 return | | | 26 | | |
| qualifying child, | 27a | Earned income credit (EIC) | | | ^{No} . | 27a | | | | |
| attach Sch. EIC. | | Check here if you were by January 2, 2004, and you taxpayers who are at least at | u satisfy all the ge 18, to claim t | e other requi he EIC. See in | rements for | | | | | |
| | b | Nontaxable combat pay elec | | | | _ | | | | |
| | С | Prior year (2019) earned inco | | | | 28 | | | | |
| | 28 | Refundable child tax credit or | - | | | | | | | |
| | 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 | | - | | | | 32 | 1.6.0 | |
| | 33 | Add lines 25d, 26, and 32. T | | | | | . • | 33 | 16,0 | |
| Refund | 34 | If line 33 is more than line 24 | | | | • | | 34 | | 05. |
| | 35a | Amount of line 34 you want i | | | | | | 35a | 1,8 | 05. |
| Direct deposit? See instructions. | ►b | Routing number 3 2 1 | | | ▶ c Type: 🗶 | Checking | Savings | | | |
| Coo inotractione. | ▶ d | Account number 8 1 9 | | | | | | | | |
| | 36 | Amount of line 34 you want a | | | | 36 | | | | |
| Amount | 37 | Amount you owe. Subtract | | | | 1 1 | . ▶ | 37 | | |
| You Owe | 38 | Estimated tax penalty (see in | | | | 38 | | | | |
| Third Party Designee | ins | you want to allow another tructions | ' | | n with the IRS? | . 🕨 🗌 Yes. Co | omplete b | | ⊠ No | |
| | | ne • | | no. | | | oer (PIN) | | | |
| Sign Here | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | | |
| 11010 | You | ur signature | | Date | Your occupation | | | | nt you an Identity N, enter it here | У |
| laint vatuum? | | | | | SOFTWARE | FNCTNFFP | | inst.) ▶ | N, enter it flere | |
| Joint return? See instructions. | Spo | ouse's signature. If a joint return, t | ooth must sian. | Date | Spouse's occupat | | | | nt your spouse a | an |
| Keep a copy for your records. | | opouse 3 signature. It a joint rotalli, both must sign. | | | Special a societation | | | | ection PIN, enter | |
| | | one no. (747) 283-516 | | Email address | K.PRATHI1 | 4@GMAIL.COM | | | | |
| Paid | Pre | parer's name | Preparer's signat | ure | | Date | PTIN | | Check if: | |
| Preparer Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 03/17/2022 | P02082 | 2703 | Self-emplo | oyed |
| Use Only | Firr | m's name ► GLOBAL TAX | | | | Phon | e no. (| 678)965-9 | 522 | |
| ———— | Firr | m's address ▶ 2530 Pebb | le Creek I | n Cummin | g GA 30041 | | Firm' | s EIN 🕨 | 30-1017 | 196 |
| Go to www.irs.go | ov/Form | 1040 for instructions and the late | st information. | | BAA | REV 03/07/22 PRO | | | Form 104 6 | 0 (2021) |

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

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

Your social security number
819-85-5503

| Par | Additional Income | | | |
|-----|--|-----|----|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes . | | 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, trusts Schedule E | | 5 | -10,365. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | () | | |
| b | Gambling income | | | |
| С | Cancellation of debt | | | |
| 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 | | | |
| h | Prizes and awards | | | |
| i | Activity not engaged in for profit income | | | |
| 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 | | _ | |
| I | Olympic and Paralympic medals and USOC prize money (see instructions) | | | |
| m | Section 951(a) inclusion (see instructions) | | | |
| n | Section 951A(a) inclusion (see instructions) | | | |
| 0 | Section 461(I) excess business loss adjustment | | - | |
| р | Taxable distributions from an ABLE account (see instructions) . 8p | | | |
| Z | Other income. List type and amount ▶8z | | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-NR, line 8 | | 10 | -10 365 |

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

| Par | Adjustments to Income | | | |
|-----|--|-------------|-------|--|
| 11 | Educator expenses | | . 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106 | | | |
| 13 | Health savings account deduction. Attach Form 8889 | . 13 | | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form | 3903 | . 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | . 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | . 16 | |
| 17 | Self-employed health insurance deduction | | . 17 | |
| 18 | Penalty on early withdrawal of savings | | . 18 | |
| 19a | Alimony paid | | . 19a | |
| b | Recipient's SSN | > | _ | |
| С | Date of original divorce or separation agreement (see instructions) | · | | |
| 20 | IRA deduction | | . 20 | |
| 21 | Student loan interest deduction | | . 21 | |
| 22 | Reserved for future use | | . 22 | |
| 23 | Archer MSA deduction | | . 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit | 24b | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 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 | 24 j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount ▶ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | . 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments t here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line | | | |

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

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

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Your social security number

819-85-5503 PRATHYUSH KATARPU 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 (sales price) (or other basis) Form(s) 8949, Part I, combine the result 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 1,930. -462. 1,468. 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 18,506. 318. 18,188. 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 -144. 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 (or other basis) Form(s) 8949, Part II, (sales price) 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 10. 6. 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 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

6.

15

Schedule D (Form 1040) 2021 Page 2

Part III Summary -138. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ 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 138.) 21 • (\$3,000), or if married filing separately, (\$1,500) **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.

8949 Form

Sales and Other Dispositions of Capital Assets

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

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

Attachment Sequence No. 12A

819-85-5503

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

Social security number or taxpayer identification number

OMB No. 1545-0074

PRATHYUSH KATARPU

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

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)

| | B) Short-term transactionsC) Short-term transactions | | | | sis wasn't report | ed to the IF | RS | |
|------------|--|--|--------------------------------|-------------------------------------|---|-------------------------------------|--|--|
| 1 | (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions | If you enter an enter a co | Adjustment, if any, to gain or loss. you enter an amount in column (g), enter a code in column (f). See the separate instructions. | |
| | (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) |
| Robin | hood Securities LLC | 05/05/21 | 12/21/21 | 1,468. | 1,930. | | | -462. |
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| neg Sch | als. Add the amounts in columns ative amounts). Enter each tota edule D, line 1b (if Box A above ve is checked), or line 3 (if Box 6 | al here and ince is checked), lir | lude on your ne 2 (if Box B | 1,468. | 1,930. | | | -462. |

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.

Form 8949 (2021) Attachment Sequence No. **12A** Page **2**

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

Social security number or taxpayer identification number 819-85-5503

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.

| (E) Long-term transactions (F) Long-term transactions (F) Long-term transactions | reported on | Form(s) 1099 | -B showing bas | · | | | ;) |
|---|-------------------|-----------------------------|-------------------------------------|---|-------------------------------------|--------------------------------|--|
| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | Cost or other basis. See the Note below | W See the separate instructions. | | (h) Gain or (loss). Subtract column (e) |
| (Example: 100 sh. XYZ Ćo.) | (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) |
| Robinhood Securities LLC | 05/05/20 | 12/12/21 | 10. | 4. | | | 6. |
| | | | | | | | |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (if Roy D. above | al here and inc | lude on your | | | | | |

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.

above is checked), or line 10 (if Box F above is checked) ▶

10.

8949

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

Part I

▶ 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. Attachment Sequence No. 12A

OMB No. 1545-0074

PRATHYUSH KATARPU

Social security number or taxpayer identification number

819-85-5503

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.

instructions). For long-term transactions, see page 2.

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

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss). (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions ROBINHOOD CRYPTO LLC 05/05/21 12/12/21 18,506. 18,188. 318. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

18,506.

318.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) ▶

18,188.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 13

Name(s) shown on return Your social security number 819-85-5503 PRATHYUSH KATARPU 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 H.NO5-7-35,21/C CHERUBAZAR PAKABANDA BAZAR KHAMMAM, TELANAGANA IN 507003 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 (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a Α 365 Α 0 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 . 3 625. 4 4 Royalties received Expenses: 5 Advertising 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,950. 8 8 Commissions. 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 1,990. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. 2,150. 14 Repairs. 14 2,350. 15 15 Supplies . Taxes 16 16 17 17 2,550. 18 Depreciation expense or depletion . . 18 Other (list) ----19 19 Total expenses. Add lines 5 through 19 10,990. 20 20 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 -10,365.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 10,365.) 625. 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 10,990. 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 10,365. 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

-10,365.

TAXABLE YEAR FORM

| 2021 | California | e-file | Signature | Authorization | for Individuals |
|------|------------|--------|-----------|----------------------|-----------------|
|------|------------|--------|-----------|----------------------|-----------------|

8879

| Part I Tax Return Information (whole dollars only) 1 California adjusted gross income (AGI). See instructions 2 2 3 Announ't Nou Over. See instructions 3 1, 10.6. Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) Under penalties of pertury. I declare that II have examined a copy of my individual income tax return and a companying 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 in provided to my electronic return originator (ERI), transmitter, or intermedials service provider, including my name, adoress, and social security number (SN) or individual income tax return and a companying 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 in provided to my electronic return originator (ERI), transmitter, or intermedials service provider including my name, address, and social security number (SN) or individual varies and the strength of the company or individual varies and to make the provider and or more tild providers and originate return. This is an irrevocable appointment of the other spouse/restered domestic patric (POP) as an agent or underbose an electronic louds without any or originate and originate return. Individual or increasing of my return or refund is delayed, 1, authorize the FT8 of colorest patric in a company or the provider and originate return. The single and the provider and originate returns and the provider or formation and originate returns and the provider or formation and originate returns and the provider or my and the provide | Your name | Your SSN or ITIN |
|--|---|---|
| Part II Tax Return Information (whole dollars only) 1 California adjusted gross income (AGI). See instructions 2 Amount You Owe. See instructions 3 Retund or No Amount Due. See instructions 3 1 1 106. 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 information provided to my electronic return originator (ERD), transmitter, or intermediate service provider, including my name, address, and social security methor (SN) or individual tax identification number (TINI), 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. I applicable, I authorize an electronic funds withdrawal or direct deposit. The providence of the providenc | PRATHYUSH KATARPU | 819-85-5503 |
| 1 California adjusted gross income (AGI). See instructions | Spouse's/RDP's name | Spouse's/RDP's SSN or ITIN |
| 1 California adjusted gross income (AGI). See instructions | | |
| 2 Amount You Owe See instructions 3 1, 106. Part II Taupayer Declaration and Signature Authorization (Se 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 lax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. Further declare that the information I provided to my seem of the providence | Part I Tax Return Information (whole dollars only) | , |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) Linder 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. Further declare that the information is provided to my electronic return originator (RBO) intramsititar, or intermediate service provider, Including my name, address, and social exists, number (SRIV) manifetr or intermediates are provider provider. Including my name, address, and social exists, number (SRIV) methodized to my electronic trunk withdrawal of the amounts shown on the corresponding lines of my electronic income tax return. I applicable, it authorizes an electronic funds withdrawal of the amount on line 2 and discrete deposits unthorization 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 deposits unthorized that direct deposits unthorized not not my return. If I have filed a joint return, this lase in irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposits. I authorize my ERO, transmitter, or intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the return dwas sent. If am filing a balance due return, understand that if the FTB does not receive full and timely payment of my tax italiality, I retain liable for the tax italiality and all applicable interest and penalties. Jacknowledge 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 on my 2021 e-filed California individual income tax return. | | |
| 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. Further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service and economic return originator (ERO), transmitter, or intermediate service and economic provides in the amounts of the amounts of the amounts shown on the amount on line? \$4855, California enfel Peayment Record for Individuals, or a comparable form. If applicable, I declare that cet deposit return and on form FT8 455, California enfel Peayment Record for Individuals, or a comparable form. If applicable, I declare that cet deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spous/registered domestic partner (RDP) as an agent to authorize an electronic funds withdraval or direct deposit. Joint and state and applicable service provider to transmit my complete return to the Franchise Tax Board (FT8). If the processing of my return or refund is delayed, I, authorize the FTB to disclose to my FEO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax islability, I remain lable for the tax islability and all applicable interest and penalties. Jacknowledge that I have read and consents to the Electronic Funds Withdrawal Consent Londow of the tax islability and all applicable interest and penaltics. Jacknowledge that | 2 Amount You Owe. See instructions | |
| Under penalties of perjuny. 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 51, 2021, and to the best of my knowledge and belief, its true, correct, and complete. I further declare that the information and interest intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (TINI), and the amounts shown win Part I above agree with the information and amounts shown 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 TER 845, California e-file Payment Record for Individuals, or a companie from if applicable, I electeria direct deposit authorization stated on my return. If the strength of the payment is the companies of the estimated tax payments as shown on my return 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 patrine (TIOP) as an apent to authorize melant to authorize melant to authorize melant to authorize the FTB to disclose to my FEB, intermediate service provider and/or transmitter the reason(s) for the elay of the date when the return disclosed to transmit my complete return to 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. Taxpayer's PIN: check one box only authorize GLOBAL TAXES LIC | 3 Refund or No Amount Due. See instructions | 3 1,106. |
| ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. If further declare that the information 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, a further and electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 845s, California e-file Payment Record for Individuals, or a comparable form. If applicable, 1 declare that direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable applicable of the provider to transmitter, or intermediate service provider, and/or transmitter than the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, understand that if the FTB does not receive full and filmely payment of my tax liability, remain liable for the tax liability and all applicable interests 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 (FIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. 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. will enter my PIN as my signature on my 2021 e-filed California individual income tax return. will enter my PIN as my signature on my 2021 e-filed California individual income tax return. | Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) | |
| Your signature Spouse's/RDP's PIN: check one box only I authorize 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. Spouse's/RDP's signature Practitioner PIN Method Returns Only continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's Electronic Filer Identification Number (EFIN)/PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return 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 FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. | electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown of income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare the agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable approximation provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, Taxpayer's PIN: check one box only ERO firm name as my signature on my 2021 e-filed California individual income tax return. | al security number (SSN) or individual tax in the corresponding lines of my electronic d tax payments as shown on my return that direct deposit refund amount on line 3 pointment of the other spouse/registered transmitter, or intermediate service delayed, I authorize the FTB to disclose and was sent. If I am filing a balance due is liability and all applicable interest and yof my electronic income tax return. I have my Electronic Funds Withdrawal Consent. Do enter my PIN 5 5 5 0 3 Do not enter all zeros |
| Spouse's/RDP's PIN: check one box only | return is filed using the Practitioner PIN method. The ERO must complete Part III below. | |
| 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. Spouse's/RDP's signature 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. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated above. I certify that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. | Your signature ▶ Date ▶ | |
| 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. Spouse's/RDP's signature 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. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return 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 FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. | Spouse's/RDP's PIN: check one box only | |
| 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. Spouse's/RDP's signature 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. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return 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 FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. | □ I authorizeto | o enter my PIN |
| And your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Date Practitioner PIN Method Returns Only continue below | | Do not enter all zeros |
| 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. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return 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 FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. | , | ox only if you are entering your own PIN |
| 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. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return 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 FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. | Spouse's/RDP's signature Date | |
| ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return 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 FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. | Practitioner PIN Method Returns Only continue below | |
| Enter your six-digit EFIN followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return 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 FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. | Part III Certification and Authentication — Practitioner PIN Method Only | |
| confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. | Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 | |
| ERO's signature ▶ Date ▶ | confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB | |
| Dato y | FRO's signature Data 03/1 | 7/2022 |
| | Date F | |

TAXABLE YEAR

FORM

2021 California Resident Income Tax Return

540

API

ATTACH FEDERAL RETURN

819-85-5503 KATA PRATHYUSH KATARPU 21

307 N PILOT KNOB RD

DENVER NC 28037

11-14-1989

| | | Enter your county at time of filing (see instructions) |
|---------------------|---------|--|
| e | \odot | SAN BERNARDINO |
| len | | If your address above is the same as your principal/physical residence address at the time of filing, check this box • × |
| esic | | If not, enter below your principal/physical residence address at the time of filing. |
| Ē. | | Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no. |
| Principal Residence | \odot | |
| Prin | | City State ZIP code |
| | • | |
| | | If your California filing status is different from your federal filing status, check the box here |
| | | |
| tus | 1 | X Single 4 Head of household (with qualifying person). See instructions. |
| Filing Status | 2 | Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died. |
| Ē | | See instructions. |
| | 3 | Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. |
| | 6 | If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst |
| | . Fo | or line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. |
| SI | 7 | Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked |
| tior | | box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. • 7 1 X \$129 = • \$ |
| Exemptions | 8 | Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 |
| Exe | 9 | Senior: If you (or your spouse/RDP) are 65 or older, enter 1; |
| | J | if both are 65 or older, enter 2. See instructions |

| Yοι | ır na | me: KAT. | ARF | РU | Your SSN o | r ITIN: | 819- | 35-5503 | | | | |
|-----------------|----------|--|-----------------|---|-------------------|-------------|-------------|------------|-----------|-------------|-------|-------------|
| | 10 | Dependents: | Do n | ot include yourself or y Dependent 1 | your spouse/RD | | ndent 2 | | | Dependent 3 | | |
| | | First Name | • | | | • | | | • | | | |
| suc | | Last Name | • | | | • | | | • | | | |
| Exemptions | | SSN. See instructions. | • | | | • | | | • | | | |
| EX | | Dependent's relationship to you | | | | • | | | • | | | |
| | Tota | ıl dependent e | exemp | otions | | | | 10 X | \$400 = (| \$ | | |
| | 11 | Exemption | amoı | ınt: Add line 7 through | line 10. Transfer | this amo | ount to lir | ie 32 | • 1 | 1 \$ | 12 | 9 |
| | 12 | State wages | fron | n your federal | | | | 107333 | | | | |
| | | | | x 16 | | | | | .00 | | 96830 | |
| | 13 14 | California a | djustr | usted gross income fro ments – subtractions. E | | 0 | _ 00 | | | | | |
| come | 15 | Part I, line 2 Subtract lin | e 14 1 | | 96830 | _ 00 | | | | | | |
| | 16 | See instruc California a | djustr | | 90030 | _ 00 | | | | | | |
| axable Income | | Part I, line 2 | | | 0.6020 | _ 00 | | | | | | |
| laxa | 17 | California a | | | 96830 | . 00 | | | | | | |
| | 18 | Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: Single or Married/RDP filing separately | | | | | | | | | | |
| | | | | | | | | | | | 4000 | |
| | 19 | Subtract lin | If Ma e 18 1 | | 4803 | . 00 | | | | | | |
| | | If less than | zero, | enter -0 | | 92027 | . 00 | | | | | |
| | 31 | Tax. Check | the ho | ax if from: | x Table | Tax | Rate Sch | nedule | | | | |
| | 01 | | | • FT | B 3800 • [| | | | . • 31 | | 5558 | . 00 |
| ax ax | 32 | | | s. Enter the amount fro structions | | | | | . • 32 | | 129 | . 00 |
| | 33 | Subtract lin | e 32 1 | from line 31. If less tha | n zero, enter -0- | | | | . • 33 | | 5429 | . 00 |
| | 34 | Tax. See ins | struct | ions. Check the box if f | rom: • Sc | hedule G | -1 | FTB 5870A | • 34 | | | . 00 |
| | 35 | Add line 33 | and I | ine 34 | | | | | . • 35 | | 5429 | . 00 |
| တ္သ | | | | | | | | | | | | 00 |
| Credi | 40 | | | hild and Dependent Ca | re Expenses Cred | | nstruction | | | | | . 00 |
| special Credits | 43 | Enter credit | | | | code | | and amount | | | | . 00 |
| Sp | 44 | Enter credit | nam | e L | | code | | and amount | . • 44 | | | . 00 |

Side 2 Form 540 2021

175

3102214

REV 03/08/22 PRO

| Your nar | | ne: KATARPU You | r SSN or ITIN: | 819-85-5503 | | | |
|----------------------|----------|---|------------------------|------------------|---------------|------------------------|-------------|
| Special Credits | 45 | To claim more than two credits. See instructions | s. Attach Schedule I | P (540) | • 45 | | _ 00 |
| | 46 | Nonrefundable Renter's Credit. See instructions | | | • 46 | | _ 00 |
| | 47 | Add line 40 through line 46. These are your tota | l credits | | • 47 | , | _ 00 |
| | 48 | Subtract line 47 from line 35. If less than zero, enter -0- | | | • 48 | | 5429 .00 |
| | | | | | | | |
| Other Taxes | 61 | Alternative Minimum Tax. Attach Schedule P (54 | 10) | | • 61 | | 00 |
| | 62 | Mental Health Services Tax. See instructions | | | • 62 | | |
| | 63 | Other taxes and credit recapture. See instruction | 18 | | • 63 | | |
| | 64 | Excess Advance Premium Assistance Subsidy (A | APAS) repayment. S | See instructions | • 64 | | . 00 |
| | 65 | Add line 48, line 61, line 62, line 63, and line 64. | . This is your total t | ax | • 65 | | 5429 .00 |
| Payments | | | | | | | 65.25 |
| | 71 | California income tax withheld. See instructions | | | • 71 | | 6535 . 00 |
| | 72 | 2021 CA estimated tax and other payments. See | instructions | | • 72 | | |
| | 73 | Withholding (Form 592-B and/or 593). See instr | uctions | | • 73 | | . 00 |
| | 74 | Excess SDI (or VPDI) withheld. See instructions | | | • 74 | | _ 00 |
| | 75 | Earned Income Tax Credit (EITC) | | | • 75 | | . 00 |
| | 76 | Young Child Tax Credit (YCTC). See instructions | | | • 76 | | . 00 |
| Use Tax | 77 | Net Premium Assistance Subsidy (PAS). See ins | structions | | • 77 | , | _ 00 |
| | 78 | Add line 71 through line 77. These are your tota See instructions | | | | | 6535 .00 |
| | | | | | | | |
| | 91 | Use Tax. Do not leave blank. See instructions | | ● 91 | | 0 .00 | |
| ň — | | If line 91 is zero, check if: | is owed. | You paid your us | e tax obligat | ion directly to CDTFA. | |
| ISR Penalty | 92 | If you and your household had full-year health of See instructions. Medicare Part A or C coverage If you did not check the box, see instructions. | | | • × | | |
| | | Individual Shared Responsibility (ISR) Penalty. S | See instructions | • 92 | | _ 00 | |
| Overpaid Tax/Tax Due | 93 | Payments balance. If line 78 is more than line 9 | 1 cubtract line 01 f | rom line 79 | <u> </u> | | 6535 .00 |
| | | • | | | | | |
| | 94 95 | Use Tax balance . If line 91 is more than line 78 Payments after Individual Shared Responsibility | | | | | |
| rpaid | | subtract line 92 from line 93 | | | | | 6535 .00 |
| Ove | 96 | subtract line 93 from line 92 | | | • 96 | j | . 00 |

Your name: KATARPU Your SSN or ITIN: 819-85-5503

| 100 | II IIai | ile Tour John of Fring | | | | |
|----------------------|---------|---|-----------|------------|--------|-------------|
| Overpaid Tax/Tax Due | 97 | Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95 | • | 97 | 1106 | . 00 |
| Гах/Те | 98 | Amount of line 97 you want applied to your 2022 estimated tax | • | 98 | 0 | . 00 |
| paid 7 | 99 | Overpaid tax available this year. Subtract line 98 from line 97 | • | 99 | 1106 | . 00 |
| Over | 100 | Tax due. If line 95 is less than line 65, subtract line 95 from line 65 | 1 | 00 | | . 00 |
| | | | <u>Co</u> | <u>ode</u> | Amount | |
| | | California Seniors Special Fund. See instructions | • 4 | 100 | | . 00 |
| | | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | • 4 | 101 | | . 00 |
| | | Rare and Endangered Species Preservation Voluntary Tax Contribution Program | • 4 | 103 | | . 00 |
| | | California Breast Cancer Research Voluntary Tax Contribution Fund | • 4 | 105 | | . 00 |
| | | California Firefighters' Memorial Voluntary Tax Contribution Fund | • 4 | 106 | | . 00 |
| | | Emergency Food for Families Voluntary Tax Contribution Fund | • 4 | 107 | | . 00 |
| | | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | • 4 | 804 | | . 00 |
| | | California Sea Otter Voluntary Tax Contribution Fund | • 4 | 110 | | . 00 |
| | | California Cancer Research Voluntary Tax Contribution Fund | • 4 | 113 | | . 00 |
| ons | | School Supplies for Homeless Children Voluntary Tax Contribution Fund | • 4 | 22 | | . 00 |
| Contributions | | State Parks Protection Fund/Parks Pass Purchase | • 4 | 23 | | . 00 |
| Con | | Protect Our Coast and Oceans Voluntary Tax Contribution Fund | • 4 | 24 | | _00 |
| | | Keep Arts in Schools Voluntary Tax Contribution Fund | • 4 | 25 | | . 00 |
| | | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | • 4 | 31 | | . 00 |
| | | California Senior Citizen Advocacy Voluntary Tax Contribution Fund | • 4 | 138 | | _00 |
| | | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | • 4 | 139 | | . 00 |
| | | Rape Kit Backlog Voluntary Tax Contribution Fund | • 4 | 40 | | . 00 |
| | | Schools Not Prisons Voluntary Tax Contribution Fund | • 4 | 143 | | . 00 |
| | | Suicide Prevention Voluntary Tax Contribution Fund | • 4 | 144 | | . 00 |
| | | Mental Health Crisis Prevention Voluntary Tax Contribution Fund | • 4 | 145 | | _00 |
| | | California Community and Neighborhood Tree Voluntary Tax Contribution Fund | • 4 | 146 | | _00 |
| | | | | | | |

 Side 4 Form 540 2021
 175
 3104214
 REV 03/08/22 PRO

| You | r nan | ne: KATARPU Your SSN or ITIN: 819-85-5503 | | | | | | |
|-----------------------------------|---|--|--|--|--|--|--|--|
| Amount You Owe | 111 | AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructi Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 • 111 Pay Online – Go to ftb.ca.gov/pay for more information. | ons. Do not send cash. | | | | | |
| andies | 112 113 | Interest, late return penalties, and late payment penalties | .00 | | | | | |
| Interest and Penalties | | Check the box: ● FTB 5805 attached ● FTB 5805F attached | .00 | | | | | |
| | | Total amount due. See instructions. Enclose, but do not staple, any payment | .00 | | | | | |
| | 115 | REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instruction | S. | | | | | |
| | | Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 115 | 1106 | | | | | |
| Refund and Direct Deposit | Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. 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 below: | | | | | | | |
| Dire | | ● Routing number | irect deposit amount | | | | | |
| d and | | 321171184 819855503 Savings | 1106 .00 | | | | | |
| Refun | The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Type | | | | | | | |
| | | | irect deposit amount | | | | | |
| | | Savings | | | | | | |
| Our p to loo Unde is tru | orivacy cate FT er pena | INT: See the instructions to find out if you should attach a copy of your complete federal tax return. notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb B 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code alties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the be rect, and complete. Under Spouse's/RDP's signature (if a join spous signature) | e 948 when instructed. st of my knowledge and belief, it | | | | | |
| | | Your email address. Enter only one email address. | Preferred phone number | | | | | |
| Si | gn | | 7472835168 | | | | | |
| | re | Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge | e) | | | | | |
| | unlaw rge a | | • DTIN | | | | | |
| | ise's/ | Firm's name (or yours, if self-employed) GLOBAL TAXES LLC | P02082703 | | | | | |
| sign | ature. | Firm's address | ● Firm's FEIN | | | | | |
| Join retur | n? | 2530 PEBBLE CREEK LN CUMMING GA 30041 | 301017196 | | | | | |
| (See instr | e uctior | Do you want to allow another person to discuss this tax return with us? See instructions | Yes × No | | | | | |
| | | The state of the s | | | | | | |