

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|   |  |
|---|--|
| Taxpayer's name<br><b>VASUDEV S CHOUHAN</b> | Social security number<br><b>662-48-2205</b> |
| Spouse's name                               | Spouse's social security number              |

## Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|  |          |         |
|--|----------|---------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 64,030. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 5,007.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 9,811.  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 4,804.  |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |         |

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

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 8 | 2 | 2 | 0 | 5 |
|---|---|---|---|---|

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name  
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 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 ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

|   |                      |   |
|---|----------------------|---|
| Your first name and middle initial<br>VASUDEV S         | Last name<br>CHOUHAN | <b>Your social security number</b><br>662-48-2205 |
| If joint return, spouse's first name and middle initial | Last name            | <b>Spouse's social security number</b>            |

|  |                               |                     |   |
|--|-------------------------------|---------------------|---|
| Home address (number and street). If you have a P.O. box, see instructions.<br>512 LAKE VISTA CIRCLE   |                               | Apt. no.<br>A       | <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>COCKEYSVILLE | State<br>MD                   | ZIP code<br>21030   |   |
| Foreign country name   | Foreign province/state/county | Foreign postal code |   |

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1957  Are blind **Spouse:**  Was born before January 2, 1957  Is blind

| Dependents (see instructions):<br>If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): |                             |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
|  |                |           |                            |                         | Child tax credit   | Credit for other dependents |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |

|  |   |                    |                    |
|--|---|--------------------|--------------------|
| <b>Attach</b><br>Sch. B if required.   | <b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .                                     |                    | <b>1</b> 71,068.   |
|  | <b>2a</b> Tax-exempt interest . . . . .   | <b>2a</b>          | <b>2b</b>          |
|  | <b>3a</b> Qualified dividends . . . . .   | <b>3a</b>          | <b>3b</b>          |
|  | <b>4a</b> IRA distributions . . . . .   | <b>4a</b>          | <b>4b</b>          |
|  | <b>5a</b> Pensions and annuities . . . . .  | <b>5a</b>          | <b>5b</b>          |
|  | <b>6a</b> Social security benefits . . . . .  | <b>6a</b>          | <b>6b</b>          |
|  | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . |                    | <b>7</b> 142.      |
|  | <b>8</b> Other income from Schedule 1, line 10 . . . . .  |                    | <b>8</b> -7,180.   |
|  | <b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .        |                    | <b>9</b> 64,030.   |
|  | <b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .                                    |                    | <b>10</b>          |
|  | <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .           |                    | <b>11</b> 64,030.  |
|  | <b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .               | <b>12a</b> 12,550. |                    |
|  | <b>b</b> Charitable contributions if you take the standard deduction (see instructions) . . . . .     | <b>12b</b> 300.    |                    |
|  | <b>c</b> Add lines 12a and 12b . . . . .  |                    | <b>12c</b> 12,850. |
|  | <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .                 |                    | <b>13</b>          |
| <b>14</b> Add lines 12c and 13 . . . . .   |   | <b>14</b> 12,850.  |                    |
| <b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . . |   | <b>15</b> 51,180.  |                    |

|                                      |  |            |        |
|--------------------------------------|--|------------|--------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____   | <b>16</b>  | 7,007. |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |        |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 7,007. |
| <b>19</b>                            | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | <b>19</b>  |        |
| <b>20</b>                            | Amount from Schedule 3, line 8   | <b>20</b>  | 2,000. |
| <b>21</b>                            | Add lines 19 and 20  | <b>21</b>  | 2,000. |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 5,007. |
| <b>23</b>                            | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b>  | 0.     |
| <b>24</b>                            | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 5,007. |
| <b>25</b>                            | Federal income tax withheld from:  |            |        |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 9,811. |
| <b>b</b>                             | Form(s) 1099   | <b>25b</b> |        |
| <b>c</b>                             | Other forms (see instructions)   | <b>25c</b> |        |
| <b>d</b>                             | Add lines 25a through 25c  | <b>25d</b> | 9,811. |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |        |
| <b>27a</b>                           | Earned income credit (EIC) <span style="float: right;">No</span>   | <b>27a</b> |        |
|                                      | 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 <input type="checkbox"/> |            |        |
| <b>b</b>                             | Nontaxable combat pay election   | <b>27b</b> |        |
| <b>c</b>                             | Prior year (2019) earned income  | <b>27c</b> |        |
| <b>28</b>                            | Refundable child tax credit or additional child tax credit from Schedule 8812  | <b>28</b>  |        |
| <b>29</b>                            | American opportunity credit from Form 8863, line 8   | <b>29</b>  |        |
| <b>30</b>                            | Recovery rebate credit. See instructions   | <b>30</b>  |        |
| <b>31</b>                            | Amount from Schedule 3, line 15  | <b>31</b>  |        |
| <b>32</b>                            | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  |        |
| <b>33</b>                            | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 9,811. |
| <b>Refund</b>                        | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 4,804. |
|                                      | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>35a</b> | 4,804. |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 1 1 1 9 0 0 6 5 9 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |        |
|                                      | <b>d</b> Account number 3 7 1 2 5 3 7 5 2 5  |            |        |
|                                      | <b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | <b>36</b>  |        |
| <b>Amount You Owe</b>                | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | <b>37</b>  |        |
|                                      | <b>38</b> Estimated tax penalty (see instructions)   | <b>38</b>  |        |

If you have a qualifying child, attach Sch. EIC.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |      |  |   |
|---|------|--|---|
| Your signature  | Date | Your occupation<br>FULLSTACK DEVELOPER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation                    | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (682) 234-4501 Email address RUDRASINGH8918@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>03/30/2022 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>30-1017196                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

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

Your social security number  
662-48-2205

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -7,180. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income:   |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )     |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b> |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )     |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b> |         |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b> |         |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b> |         |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b> |         |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b> |         |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b> |         |
| <b>k</b>  | 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 . . . . . | <b>8k</b> |         |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b> |         |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b> |         |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b> |         |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b> |         |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b> |         |
| <b>z</b>  | Other income. List type and amount ▶ _____  | <b>8z</b> |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   | <b>10</b> | -7,180. |

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  | ▶ _____    |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____  |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount ▶ _____  | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **03**

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

Your social security number  
662-48-2205

**Part I Nonrefundable Credits**

|          |  |           |        |
|----------|--|-----------|--------|
| <b>1</b> | Foreign tax credit. Attach Form 1116 if required . . . . .                                       | <b>1</b>  |        |
| <b>2</b> | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . . | <b>2</b>  |        |
| <b>3</b> | Education credits from Form 8863, line 19 . . . . .  | <b>3</b>  | 2,000. |
| <b>4</b> | Retirement savings contributions credit. Attach Form 8880 . . . . .                              | <b>4</b>  |        |
| <b>5</b> | Residential energy credits. Attach Form 5695 . . . . .   | <b>5</b>  |        |
| <b>6</b> | Other nonrefundable credits:   |           |        |
| <b>a</b> | General business credit. Attach Form 3800 . . . . .  | <b>6a</b> |        |
| <b>b</b> | Credit for prior year minimum tax. Attach Form 8801 . . . . .                                    | <b>6b</b> |        |
| <b>c</b> | Adoption credit. Attach Form 8839 . . . . .  | <b>6c</b> |        |
| <b>d</b> | Credit for the elderly or disabled. Attach Schedule R . . . . .                                  | <b>6d</b> |        |
| <b>e</b> | Alternative motor vehicle credit. Attach Form 8910 . . . . .                                     | <b>6e</b> |        |
| <b>f</b> | Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .                               | <b>6f</b> |        |
| <b>g</b> | Mortgage interest credit. Attach Form 8396 . . . . .   | <b>6g</b> |        |
| <b>h</b> | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                     | <b>6h</b> |        |
| <b>i</b> | Qualified electric vehicle credit. Attach Form 8834 . . . . .                                    | <b>6i</b> |        |
| <b>j</b> | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                   | <b>6j</b> |        |
| <b>k</b> | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .                                | <b>6k</b> |        |
| <b>l</b> | Amount on Form 8978, line 14. See instructions . . . . .   | <b>6l</b> |        |
| <b>z</b> | Other nonrefundable credits. List type and amount ▶ _____  | <b>6z</b> |        |
| <b>7</b> | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                             | <b>7</b>  |        |
| <b>8</b> | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 2,000. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

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

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

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](http://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

VASUDEV S CHOUHAN

Your social security number

662-48-2205

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

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   |                                  |                                 |   |   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  | 6,820.                           | 6,678.                          |   | 142.  |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 142.   |

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b>   |



**Part III Summary**

|           |  |           |      |
|-----------|--|-----------|------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | 142. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |      |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.   |           |      |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |      |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |      |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                |           |      |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( )  |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |      |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |           |      |

## Sales and Other Dispositions of Capital Assets

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8949](http://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.

|   |  |
|---|--|
| Name(s) shown on return<br><b>VASUDEV S CHOUHAN</b> | Social security number or taxpayer identification number<br><b>662-48-2205</b> |
|---|--|

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

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

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

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

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

| 1 | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|--|---|--|--|--|---|--------------------------------|--|
|   |  |   |  |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|   | COINBASE   | 05/05/21                                | 12/12/21   | 1,168.   | 1,000.   |   |                                | 168.   |
|   | UNI  | 05/05/21                                | 12/12/21   | 2,004.   | 1,767.   |   |                                | 237.   |
|   | DOGE   | 05/05/21                                | 12/12/21   | 85.  | 101.   |   |                                | -16.   |
|   | UNI  | 05/05/21                                | 12/12/21   | 1,572.   | 1,883.   |   |                                | -311.  |
|   | ETH  | 05/02/21                                | 12/12/21   | 1,481.   | 1,541.   |   |                                | -60.   |
|   | CTSI   | 05/05/21                                | 12/12/21   | 500.   | 386.   |   |                                | 114.   |
|   | BTC  | 05/02/21                                | 12/12/21   | 10.  | 0.   |   |                                | 10.  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |

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

|  |        |        |  |  |      |
|--|--------|--------|--|--|------|
|  | 6,820. | 6,678. |  |  | 142. |
|--|--------|--------|--|--|------|

**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)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

VASUDEV S CHOUHAN

662-48-2205

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

|           |   |  |                  |                   |                          |
|-----------|---|--|------------------|-------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                  |                   |                          |
| <b>A</b>  | HARSHIT VIHAR PHASE 2 HOUSE 18,RAIPUR CHATTISHGHAR IN 492099      |  |                  |                   |                          |
| <b>B</b>  |   |  |                  |                   |                          |
| <b>C</b>  |   |  |                  |                   |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 3   |  | 365              | 0                 | <input type="checkbox"/> |
| <b>B</b>  |   |  |                  |                   | <input type="checkbox"/> |
| <b>C</b>  |   |  |                  |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 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: |   | A       | B | C |
|------------------|---|-------------|---|---------|---|---|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>    |   | 625.    |   |   |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>    |   |         |   |   |
| <b>Expenses:</b> |   |             |   |         |   |   |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>    |   |         |   |   |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>    |   |         |   |   |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>    |   | 1,355.  |   |   |
| <b>8</b>         | Commissions. . . . .  | <b>8</b>    |   |         |   |   |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>    |   |         |   |   |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>   |   |         |   |   |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>   |   | 1,855.  |   |   |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |   |         |   |   |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>   |   |         |   |   |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>   |   | 1,525.  |   |   |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>   |   | 1,445.  |   |   |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>   |   |         |   |   |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>   |   | 1,625.  |   |   |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>   |   |         |   |   |
| <b>19</b>        | Other (list) ▶ . . . . .  | <b>19</b>   |   |         |   |   |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>   |   | 7,805.  |   |   |
| <b>21</b>        | 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 . . . . .   | <b>21</b>   |   | -7,180. |   |   |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .  | <b>22</b>   | ( | 7,180.) | ( | ) |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>  |   | 625.    |   |   |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>  |   |         |   |   |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>  |   |         |   |   |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>  |   |         |   |   |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>  |   | 7,805.  |   |   |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .   | <b>24</b>   |   |         |   |   |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>   | ( | 7,180.) |   |   |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . . | <b>26</b>   |   | -7,180. |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-7,180.

Schedule E (Form 1040) 2021

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or 1040-SR.**

**2021**  
Attachment  
Sequence No. **50**

▶ **Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.**

Name(s) shown on return

Your social security number

VASUDEV S CHOUHAN

662-48-2205



*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.*

**Part I Refundable American Opportunity Credit**

|          |   |          |  |
|----------|---|----------|--|
| <b>1</b> | After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .  | <b>1</b> |  |
| <b>2</b> | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .  | <b>2</b> |  |
| <b>3</b> | 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 . . . . .  | <b>3</b> |  |
| <b>4</b> | Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .   | <b>4</b> |  |
| <b>5</b> | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .   | <b>5</b> |  |
| <b>6</b> | If line 4 is:<br>• Equal to or more than line 5, enter 1.000 on line 6 . . . . .<br>• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .   | <b>6</b> |  |
| <b>7</b> | Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . <input type="checkbox"/> | <b>7</b> |  |
| <b>8</b> | <b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . . . .  | <b>8</b> |  |

**Part II Nonrefundable Education Credits**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>9</b>  | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .  | <b>9</b>  |         |
| <b>10</b> | After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .                              | <b>10</b> | 12,300. |
| <b>11</b> | Enter the smaller of line 10 or \$10,000 . . . . .  | <b>11</b> | 10,000. |
| <b>12</b> | Multiply line 11 by 20% (0.20) . . . . .  | <b>12</b> | 2,000.  |
| <b>13</b> | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .  | <b>13</b> | 90,000. |
| <b>14</b> | 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 . . . . .                                      | <b>14</b> | 64,030. |
| <b>15</b> | 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 . . . . .   | <b>15</b> | 25,970. |
| <b>16</b> | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .   | <b>16</b> | 10,000. |
| <b>17</b> | If line 15 is:<br>• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18<br>• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . . | <b>17</b> | 1.000   |
| <b>18</b> | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶  | <b>18</b> | 2,000.  |
| <b>19</b> | <b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .  | <b>19</b> | 2,000.  |

|  |  |
|--|--|
| Name(s) shown on return<br>VASUDEV S CHOUHAN | Your social security number<br>662-48-2205 |
|--|--|



**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 III Student and Educational Institution Information.** See instructions.

|  |   |
|--|---|
| <b>20</b> Student name (as shown on page 1 of your tax return)<br>VASUDEV S<br>CHOUHAN | <b>21</b> Student social security number (as shown on page 1 of your tax return)<br><br>662-48-2205 |
|--|---|

|   |  |
|---|--|
| <b>22</b> Educational institution information (see instructions)  |  |
| <b>a.</b> Name of first educational institution<br>UNIVERSITY OF THE CUMBERLANDS<br><br><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br>6178 COLLEGE STATION DR<br>WILLIAMSBURG KY 40769<br><br><b>(2)</b> Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>(3)</b> Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.<br><br>61-0470593 | <b>b.</b> Name of second educational institution (if any)<br><br><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br><br><b>(2)</b> Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>(3)</b> Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution. |

**23** Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021?  Yes — **Stop!** Go 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.  Yes — Go to line 25.  No — **Stop!** Go to line 31 for this student.

**25** Did the student complete the first 4 years of postsecondary education before 2021? See instructions.  Yes — **Stop!** Go to line 31 for this student.  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?  Yes — **Stop!** Go to line 31 for this student.  No — Complete lines 27 through 30 for this student.



**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

|  |           |
|--|-----------|
| <b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .   | <b>27</b> |
| <b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .  | <b>28</b> |
| <b>29</b> Multiply line 28 by 25% (0.25) . . . . .   | <b>29</b> |
| <b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . . | <b>30</b> |

**Lifetime Learning Credit**

|   |           |
|---|-----------|
| <b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . . | <b>31</b> |
|   | 12,300.   |

**DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

|  |                  |  |
|--|------------------|--|
| <b>First Name &amp; Middle Initial (if joint or combined return, enter both)</b> | <b>Last Name</b> | <b>B Your Social Security Number</b>                   |
| VASUDEV S  | CHOUHAN          | 662-48-2205  |
| <b>Present Home Address</b>  |                  | <b>A Spouse's Social Security Number</b>               |
| 512 LAKE VISTA CIRCLE APT # A  |                  |  |
| <b>City, State and Zip Code</b>  |                  | <b>Online Filed Return</b><br><input type="checkbox"/> |
| COCKEYSVILLE MD 21030  |                  |  |

| <b>Part I Tax Return Information</b>  | <b>A Spouse</b> | <b>B Yourself</b> |
|---|-----------------|-------------------|
| 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)   |                 | 64,030.           |
| 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) |                 | 64,030.           |
| 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)               |                 | 43,012.           |
| 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)           |                 | 2,216.            |
| 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)          |                 | 2,404.            |
| 6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)                         |                 |                   |
| 7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)                                      |                 | 188.              |

**Part II Declaration of Taxpayer**

8a.  I consent that my refund be directly deposited as designated on my 2021 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

8b.  I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c.  I authorize the Virginia Department of Taxation (Virginia Tax) and it's designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2021 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2021 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

|                |      |  |      |
|----------------|------|--|------|
| Your Signature | Date | Spouse's Signature (If Filing Status 2 or 4, BOTH must sign) | Date |
|----------------|------|--|------|

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

|  |                              |   |
|--|------------------------------|---|
| ERO's Signature<br>GLOBAL TAXES LLC  | Date<br>03-30-22             | SSN/PTIN<br>301017196   |
| Firm's name (or yours if self-employed)<br>2530 PEBBLE CREEK LN CUMMING GA 30041 | Address, City, State and Zip | Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N   Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Paid Preparer's Signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM                   | Date<br>03-30-22             | SSN/PTIN<br>P02082703   |
| Firm's name (or yours if self-employed)<br>2530 PEBBLE CREEK LN CUMMING GA 30041 | Address, City, State and Zip | Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N  |
|  |                              | 301017196<br>EIN  |

# 2021 Virginia Nonresident Income Tax Return

Due May 1, 2022



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

|  |  |                      |  |  |  |
|--|--|----------------------|--|--|--|
| First Name<br>VASUDEV  | MI<br>S  | Last Name<br>CHOUHAN | Suffix   | Your Social Security Number<br>662-48-2205 | <input type="checkbox"/> Check if deceased   |
| Spouse's First Name (Filing Status 2 Only)   | MI   | Last Name            | Suffix   | Spouse's Social Security Number            | <input type="checkbox"/> Check if deceased   |
| Present Home Address (Number and Street or Rural Route)<br>512 LAKE VISTA CIRCLE APT A |  |                      | Your Birth Date (mm-dd-yyyy)<br>01 - 18 - 1989 |  |  |
| City, Town or Post Office<br>COCKEYSVILLE  |  | State<br>MD          | ZIP Code<br>21030                              | Spouse's Birth Date (mm-dd-yyyy)<br>- -    |  |
| State of Residence<br>MD   | <b>Important</b> - Name of Virginia City or County in which principal place of business, employment, or income source is located.<br>FAIRFAX |                      |  |  | Locality Code<br>600   |
|  |  |                      |  |  | <input checked="" type="checkbox"/> City <b>OR</b> <input type="checkbox"/> County |

|                               |  |  |   |
|-------------------------------|--|--|---|
| <b>Check Applicable Boxes</b> | <input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/> | <input type="checkbox"/> Name(s) or Address Different than Shown on 2020 VA Return | <input type="checkbox"/> Overseas on Due Date |
|                               | <input type="checkbox"/> Dependent on Another's Return                       | <input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman          | EIC Claimed on federal return \$ _____ .00    |

**Filing Status** Enter Filing Status Code in box below.

- 1 = Single. Federal head of household? YES
- 2 = Married, Filing Joint Return - both must have Virginia income
- 3 = Married, Spouse Has No Income From Any Source
- 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name \_\_\_\_\_

**Exemptions** Add Sections 1 and 2. Enter the sum on Line 12.

|                          |                                |                          |                            |   |
|--------------------------|--------------------------------|--------------------------|----------------------------|---|
| You                      | Spouse if Filing Status 2 or 3 | Dependents               | <b>Total Section 1</b>     |   |
| <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> | = <input type="checkbox"/> | X \$930 = <input type="checkbox"/>                            |
| <b>1</b>                 |                                |                          | = <b>1</b>                 | X \$930 = <b>930</b>  |
| You 65 or over           | Spouse 65 or over              | You Blind                | Spouse Blind               | <b>Total Section 2</b>  |
| <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>   | = <input type="checkbox"/> X \$800 = <input type="checkbox"/> |

|    |   |    |       |    |
|----|---|----|-------|----|
| 1  | Adjusted Gross Income from federal return - <i>Not federal taxable income</i> .....                                 | 1  | 64030 | 00 |
| 2  | Additions from Schedule 763 ADJ, Line 3.....  | 2  |       | 00 |
| 3  | <b>Add Lines 1 and 2</b> .....  | 3  | 64030 | 00 |
| 4  | Age Deduction (See instructions and the Age Deduction Worksheet)..... You   | 4a |       | 00 |
|    | Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b..... Spouse | 4b |       | 00 |
| 5  | Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. ....    | 5  |       | 00 |
| 6  | State income tax refund or overpayment credit reported as income on your federal return. ....                       | 6  |       | 00 |
| 7  | Subtractions from Schedule 763 ADJ, Line 7.....   | 7  |       | 00 |
| 8  | <b>Add Lines 4a, 4b, 5, 6, and 7</b> .....  | 8  |       | 00 |
| 9  | <b>Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3</b> .....                                     | 9  | 64030 | 00 |
| 10 | Itemized Deductions from Virginia Schedule A, if applicable. See instructions.....                                  | 10 |       | 00 |
| 11 | If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions.....                 | 11 | 4500  | 00 |
| 12 | Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above.....                             | 12 | 930   | 00 |
| 13 | Deductions from Schedule 763 ADJ, Line 9.....   | 13 |       | 00 |
| 14 | <b>Add Lines 10, 11, 12 and 13</b> .....  | 14 | 5430  | 00 |
| 15 | Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....                                   | 15 | 58600 | 00 |
| 16 | Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....                     | 16 | 73.4  | %  |
| 17 | Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....  | 17 | 43012 | 00 |
| 18 | Income Tax from Tax Table or Tax Rate Schedule.....   | 18 | 2216  | 00 |

LTD

\$ \_\_\_\_\_

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

XXXXXX



|                                |                         |
|--------------------------------|-------------------------|
| Your Name<br>VASUDEV S CHOUHAN | Your SSN<br>662-48-2205 |
|--------------------------------|-------------------------|

|     |   |     |      |    |
|-----|---|-----|------|----|
| 19a | Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.   | 19a | 2404 | 00 |
| 19b | Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.   | 19b |      | 00 |
| 20  | 2021 Estimated Tax Payments.  | 20  |      | 00 |
| 21  | 2020 overpayment credited to 2021 estimated tax.  | 21  |      | 00 |
| 22  | Extension Payment - submitted using Form 7601P.   | 22  |      | 00 |
| 23  | Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.  | 23  |      | 00 |
| 24  | Total credits from Schedule OSC.  | 24  |      | 00 |
| 25  | Credits from Schedule CR, Section 5, Line 1A.   | 25  |      | 00 |
| 26  | <b>Total payments and credits. Add Lines 19a through 25.</b>  | 26  | 2404 | 00 |
| 27  | If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX YOU OWE</b> .  | 27  |      | 00 |
| 28  | If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUNT</b> .  | 28  | 188  | 00 |
| 29  | Amount of overpayment on Line 28 to be CREDITED TO 2022 ESTIMATED INCOME TAX.   | 29  |      | 00 |
| 30  | Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6.   | 30  |      | 00 |
| 31  | Other Voluntary Contributions from Schedule VAC, Section II, Line 14.   | 31  |      | 00 |
| 32  | Addition to Tax, Penalty, and Interest from <b>enclosed</b> Schedule 763 ADJ, Line 21.  | 32  |      | 00 |
| 33  | Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. <input checked="" type="checkbox"/> Check here if no sales and use tax is due.   | 33  |      | 00 |
| 34  | <b>Add Lines 29 through 33.</b>   | 34  |      | 00 |
| 35  | If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. <b>AMOUNT YOU OWE</b> . Enclose payment or pay at <a href="http://www.tax.virginia.gov">www.tax.virginia.gov</a> . <input type="checkbox"/> Check here if paying by credit or debit card - See instructions. | 35  |      | 00 |
| 36  | If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be <b>REFUNDED TO YOU</b> .   | 36  | 188  | 00 |

If the Direct Deposit section below is not completed, your refund will be issued by check.

|   |   |                                 |  |                                  |
|---|---|---------------------------------|--|----------------------------------|
| <b>DIRECT BANK DEPOSIT</b>                          | <b>Your Bank Routing Transit Number</b> | <b>Your Bank Account Number</b> | Checking <input checked="" type="checkbox"/> | Savings <input type="checkbox"/> |
| Domestic Accounts Only<br>No International Deposits | 1 1 1 9 0 0 6 5 9                       | 3 7 1 2 5 3 7 5 2 5             |  |                                  |

**Nonresident Allocation Percentage**

|  |    | A - All Sources |    | B - Virginia Sources |    |
|--|----|-----------------|----|----------------------|----|
| 1. Wages, salaries, tips, etc.   | 1  | 71068           | 00 | 47018                | 00 |
| 2. Interest income   | 2  |                 | 00 |                      | 00 |
| 3. Dividends   | 3  |                 | 00 |                      | 00 |
| 4. Alimony received  | 4  |                 | 00 |                      | 00 |
| 5. Business income or loss   | 5  |                 | 00 |                      | 00 |
| 6. Capital gain or loss/capital gain distributions   | 6  | 142             | 00 | 0                    | 00 |
| 7. Other gains or losses   | 7  |                 | 00 |                      | 00 |
| 8. Taxable pensions, annuities and IRA distributions   | 8  |                 | 00 |                      |    |
| 9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.   | 9  | -7180           | 00 | 0                    | 00 |
| 10. Farm income or loss  | 10 |                 | 00 |                      | 00 |
| 11. Other income   | 11 |                 | 00 |                      | 00 |
| 12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.   | 12 |                 | 00 |                      |    |
| 13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3.  | 13 |                 | 00 |                      | 00 |
| 14. TOTAL - Add Lines 1 through 13 and enter each column total here.   | 14 | 64030           | 00 | 47018                | 00 |
| 15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16. | 15 |                 |    | 73.4%                |    |

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

|   |   |   |                           |
|---|---|---|---------------------------|
| Your Signature  | Your Phone Number<br>(682) 234-4501                         | Date                                      |                           |
| Spouse's Signature (If a joint return, <b>both</b> must sign) | Spouse's Phone Number                                       | Preparer's PTIN<br>P02082703              | Vendor Code<br>1555       |
| Preparer's Name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM          | Firm's Name (or Yours if Self-Employed)<br>GLOBAL TAXES LLC | Preparer's Phone Number<br>(678) 965-9522 | Filing Election Code<br>7 |
|   |   |   | ID Theft PIN              |



**2021 Schedule INC/CG**

662482205

Report all W-2s, 1099s & VK-1s with VA Withholding



VASUDEV

S CHOUHAN

| Your/<br>Spouse SSN | Withholding<br>Type | VA<br>Withholding | Employer<br>FEIN | VA<br>Account Number | VA Wages, tips,<br>other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| 662482205           | W                   | 2404.             | 861800017        | 30861800017F001      | 47018.                         |

| Total VA Withholding           | SSN       | VA Withholding |
|--------------------------------|-----------|----------------|
| You                            | 662482205 | 2404.          |
| Spouse                         |           |                |
| Total # of W-2s, 1099s & VK-1s | 01        |                |

To avoid delays - be sure to enter all information, including the Employer's FEIN.



21PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

662482205

Your Social Security Number



If Joint Return, Spouse's Social Security Number

VASUDEV

Your First Name

S

MI

CHOUHAN

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

512 LAKE VISTA CIRCLE

Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

A

Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)

COCKEYSVILLE

City or Town

MD

State

21030

ZIP Code +4

**PAYMENT TYPE**

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1.  Estimated Payment/Quarterly (502D) Tax Year: 2022
- 1a.  First time filer or change in filing status
- 2.  Extension Payment (502E) Tax Year:
- 3.  Payment with resident return (502) Tax Year:
- 4.  Payment with nonresident return (505) Tax Year:

**PAYMENT AMOUNT**

Amount you are paying by check or money order. Make your check or money order payable to "Comptroller of Maryland"

Dollars Cents

1264 00

Mail to:  
 Comptroller of Maryland  
 Payment Processing  
 PO Box 8888  
 Annapolis, MD 21401-8888

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



21PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

662482205

Your Social Security Number



If Joint Return, Spouse's Social Security Number

VASUDEV

Your First Name

S

MI

CHOUHAN

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

512 LAKE VISTA CIRCLE

Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

A

Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)

COCKEYSVILLE

City or Town

MD

State

21030

ZIP Code +4

**PAYMENT TYPE**

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1.  Estimated Payment/Quarterly (502D) Tax Year: 2022
- 1a.  First time filer or change in filing status
- 2.  Extension Payment (502E) Tax Year:
- 3.  Payment with resident return (502) Tax Year:
- 4.  Payment with nonresident return (505) Tax Year:

**PAYMENT AMOUNT**

Amount you are paying by check or money order. Make your check or money order payable to "Comptroller of Maryland"

Dollars Cents

1264 00

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 Payment Processing  
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 Annapolis, MD 21401-8888

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211010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

VASUDEV S CHOUHAN 662482205
First Name MI Last Name SSN/Taxpayer Identification Number
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2022 estimated tax 1.
2. Amount of overpayment to be refunded to you REFUND 2.
3. Total amount due (Pay in full by April 15, 2022. See instructions.) 3. 4596

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2021 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 8 2 2 0 5 as my signature on my tax year 2021 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[ ] I authorize to enter or generate my PIN as my signature on my tax year 2021 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only

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

I certify this numeric entry is my PIN, which is my signature for the tax year 2021 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 03302022

DO NOT MAIL



215020013

\$

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2021, ENDING \_\_\_\_\_

662482205

Your Social Security Number

Spouse's Social Security Number

VASUDEV

S

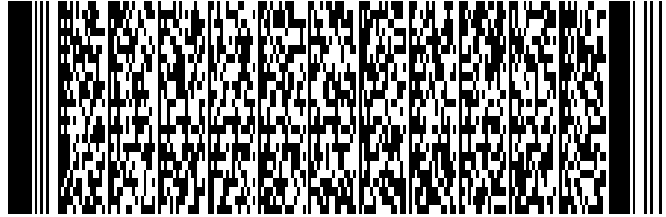
Your First Name

MI

CHOUHAN

Your Last Name

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.



Spouse's First Name

MI

Spouse's Last Name

512 LAKE VISTA CIRCLE

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

A

COCKEYSVILLE

MD

21030

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City or Town

State

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

REQUIRED: Maryland Physical address of taxing area as of December 31, 2021 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

0300

4 Digit Political Subdivision Code (See Instruction 6)

BALTIMORE COUNTY

Maryland Political Subdivision (See Instruction 6)

512 LAKE VISTA CIRCLE

Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

A

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

COCKEYSVILLE

City

MD

State

21030

ZIP Code + 4

BALTIMORE COUNTY

Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. [ ] Married filing joint return or spouse had no income
3. [ ] Married filing separately, Spouse SSN
4. [ ] Head of household
5. [ ] Qualifying widow(er) with dependent child
6. [ ] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

If you began or ended legal residence in Maryland in 2021 place a P in the box.

MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:



215020113

NAME VASUDEV S CHOUHAN

SSN 662482205

EXEMPTIONS

See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

A. [X] Yourself [ ] Spouse . . . . . Enter number checked [1] See Instruction 10 A. \$ 3200
B. [ ] 65 or over [ ] 65 or over
[ ] Blind [ ] Blind . . . . . Enter number checked [ ] X \$1,000 . . . . . B. \$
C. [ ] Enter number from line 3 of Dependent Form 502B . . . . . See Instruction 10 C. \$
D. Enter Total Exemptions (Add A, B and C.) . . . . . [1] Total Amount. . . . . D. \$ 3200

MARYLAND HEALTH CARE COVERAGE

See Instruction 3.

Check here [ ] If you do not have health care coverage DOB (mm/dd/yyyy)
Check here [ ] If your spouse does not have health care coverage DOB (mm/dd/yyyy)
Check here [ ] I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.
E-mail address

INCOME

See Instruction 11.

1. Adjusted gross income from your federal return . . . . . 1. 64030
1a. Wages, salaries and/or tips . . . . . 1a. 71068
1b. Earned income . . . . . 1b.
1c. Capital Gain or (loss) . . . . . 1c. 142
1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) 1d.
1e. Place a "Y" in this box if the amount of your investment income is more than \$10,000. [ ]

ADDITIONS TO MARYLAND INCOME

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland . . . . . 2.
3. State retirement pickup. . . . . 3.
4. Lump sum distributions (from worksheet in Instruction 12.) . . . . . 4.
5. Other additions (Enter code letter(s) from Instruction 12.) . . . . . 5.
6. Total additions (Add lines 2 through 5.) . . . . . 6.
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . . 7. 64030

SUBTRACTIONS FROM MARYLAND INCOME

See Instruction 13.

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 . . . . . 8.
9. Child and dependent care expenses . . . . . 9.
10a. Pension exclusion from worksheet (13A) . . . . . Yourself [ ] Spouse [ ] 10a.
10b. Pension exclusion from worksheet (13E) . . . . . Yourself [ ] Spouse [ ] 10b.
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 . . . . . 11.
12. Income received during period of nonresidence (See Instruction 26.) . . . . . 12.
13. Subtractions from attached Form 502SU . . . . . 13.
14. Two-income subtraction from worksheet in Instruction 13. . . . . 14.
15. Total subtractions (Add lines 8 through 14.) . . . . . 15.
16. Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . . 16. 64030

DEDUCTION METHOD

See Instruction 16.

All taxpayers must select one method and check the appropriate box.
[X] STANDARD DEDUCTION METHOD (Enter amount on line 17.)
[ ] ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)
17a. Total federal itemized deductions (from line 17, federal Schedule A) . . . . . 17a.
17b. State and local income taxes (See Instruction 14.) . . . . . 17b.
Subtract line 17b from line 17a and enter amount on line 17.
17. Deduction amount (Part-year residents see Instruction 26 (l and m).) . . . . . 17. 2350
18. Net income (Subtract line 17 from line 16.) . . . . . 18. 61680
19. Exemption amount from Exemptions area (See Instruction 10.) . . . . . 19. 3200
20. Taxable net income (Subtract line 19 from line 18.) . . . . . 20. 58480





215020213

NAME VASUDEV S CHOUHAN

SSN 662482205

|   |   |      |      |
|---|---|------|------|
| <b>MARYLAND<br/>TAX<br/>COMPUTATION</b>   | <b>21. Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II) . . . . .   | 21.  | 2725 |
|   | <b>22. Earned income credit (EIC)</b> (See Instruction 18.) . . . . .   | 22.  |      |
|   | <input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.   |      |      |
|   | <input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.  |      |      |
|   | <b>23. Poverty level credit</b> (See Instruction 18.) . . . . .   | 23.  |      |
|   | <b>24. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.)</b> 24.  | 24.  |      |
|   | <b>25. Business tax credits</b> . . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>  | 25.  |      |
|   | <b>26. Total credits</b> (Add lines 22 through 25.) . . . . .   | 26.  |      |
| <b>27. Maryland tax after credits</b> (Subtract line 26 from line 21.) If less than 0, enter 0. . . . .       | 27.   | 2725 |      |
| <b>LOCAL TAX<br/>COMPUTATION</b>  | <b>28. Local tax</b> (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0 0320</b> or use the Local Tax Worksheet . . . . .                              | 28.  | 1871 |
|   | <b>29. Local earned income credit</b> (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . .  | 29.  |      |
|   | <b>30. Local poverty level credit</b> (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . .  | 30.  |      |
|   | <b>31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)</b> . . . . .   | 31.  |      |
|   | <b>32. Total credits</b> (Add lines 29 through 31.) . . . . .   | 32.  |      |
|   | <b>33. Local tax after credits</b> (Subtract line 32 from line 28.) If less than 0, enter 0. . . . .  | 33.  | 1871 |
|   | <b>34. Total Maryland and local tax</b> (Add lines 27 and 33.) . . . . .  | 34.  | 4596 |
| <b>CONTRIBUTIONS</b><br>See Instruction 20.   | <b>35. Contribution to Chesapeake Bay and Endangered Species Fund</b> . . . . .   | 35.  |      |
|   | <b>36. Contribution to Developmental Disabilities Services and Support Fund</b> . . . . .   | 36.  |      |
|   | <b>37. Contribution to Maryland Cancer Fund.</b> . . . . .  | 37.  |      |
|   | <b>38. Contribution to Fair Campaign Financing Fund</b> . . . . .   | 38.  |      |
| <b>39. Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . . . . . | 39.   | 4596 |      |
|   | <b>40. Total Maryland and local tax withheld</b> (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) . . . . .   | 40.  |      |
|   | <b>41. 2021 estimated tax payments, amount applied from 2020 return, payment made with an extension request, and Form MW506NRS</b> . . . . .  | 41.  |      |
|   | <b>42. Refundable earned income credit</b> (from worksheet in Instruction 21) . . . . .   | 42.  |      |
|   | <b>43. Refundable income tax credits from Part CC, line 10 of Form 502CR (Attach Form 502CR. See Instruction 21.)</b> . . . . .   | 43.  |      |
|   | <b>44. Total payments and credits</b> (Add lines 40 through 43.) . . . . .  | 44.  | 0    |
|   | <b>45. Balance due</b> (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . .  | 45.  | 4596 |
|   | <b>46. Overpayment</b> (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . .  | 46.  |      |
| <b>REFUND</b>   | <b>47. Amount of overpayment TO BE APPLIED TO 2022 ESTIMATED TAX.</b> . . . . .   | 47.  |      |
|   | <b>48. Amount of overpayment TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b>   | 48.  |      |
| <b>AMOUNT DUE</b>   | <b>49. Check here</b> <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____ . . . . . | 49.  |      |
|   | <b>50. TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> . . . . .  | 50.  | 4596 |



215020313

NAME VASUDEV S CHOUHAN SSN 662482205

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, use Form 588. To comply with banking and **NACHA (National Automated Clearing House Association)** rules, if this refund will go to an account outside of the United States, place "Y" in this box  or if you authorize the State of Maryland to direct deposit your refund, check this box  and complete the following information clearly and legibly.

**51a.** Type of account:  Checking  Savings **51b.** Routing Number (9-digits)

**51c.** Account Number

**51d.** Name(s) as it appears on the bank account

6822344501        
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here  if you authorize your preparer to discuss this return with us. Check here  if you authorize your paid preparer not to file electronically. Check here  if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your signature Date

GLOBAL TAXES LLC  
Printed name of the Preparer / or Firm's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Signature of preparer other than taxpayer **(Required by Law)**

\_\_\_\_\_  
Spouse's signature Date

2530 PEBBLE CREEK LN  
Street address of preparer or Firm's address

CUMMING GA 30041  
City, State, ZIP Code + 4

6789659522  P02082703  
Telephone number of preparer Preparer's PTIN **(Required by Law)**

**For returns filed without payments, mail your completed return to:**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

**For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:**

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