Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name	Social security number
SAI PRASAD SOMA	136-43-0528
Spouse's name	Spouse's social security number
SINDHUJA KUMARI THOTA	APPLIED FOR
Part I Tax Return Information – Tax Year Ending December 31, 2021 (En	nter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 76,724.
2 Total tax	2 5,797.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · · 3 12,241.
4 Amount you want refunded to you	4 7,844.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	nd keep a copy of your return)

Under penalties of periury. 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

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Y	Lauthorizo	GLOBAL TAXES	T.T.C	to enter or generate my PIN	3

3	0	5	2	8	00 00
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Enter five digits, but don't enter all zeros

as mv

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

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

Date

Your signature

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

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

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

Spouse's signature 🕨	Date 🕨	
	ethod Returns Only—continue below	
Part III Certification and Authentication – Pra	ctitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	ur five-digit self-selected PIN. 5 8 7 2 7 8 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 🕨	
	etain This Form — See orm to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return	instructions. PAA	REV 02/16/22 PRO	Form 8879 (Rev. 01-2021)

Filling Status Gingle X Married filing jointy Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only try ou 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 widow(er) (QW) Torur first name and middle Initial Last name Your social security number SAL FRASDD Spouse's social security number Spouse's social security number SIL FRASDD Spouse's social security number Apt. no. SIL PRASTON WOODIS TRAIL B26 Chr, tow, rop out files, if you have a forsign address, also complete spaces below. Bale Check here if you, or your spouse if files fourth, want 33 to go to this fund. Checking a spouse if files fourth, want 33 to go to this fund. Checking a your spouse as a dependent Yers No Standard Sonce can claim: Your spouse as a dependent Yers is blind Deduction Or web tom before January 2, 1957 A tolind a credit credit or dependent Yers is blind Deduction Or web tom before January 2, 1957 A tolind a credit credit or dependent Yers is blind Performent see instructions: If web tom the fore January 2, 1957 Is blind Point strutterest Spouse temizes on a separate return or your are a dual-statu	104		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		(99) urn	20	21	OMB No.	1545-	-0074	IRS Use Only	∕−Do not	write o	or staple i	in this space.
SAI PRASAD SOMA 136 - 43 - 0528 If join return, spouse's first name and middle initial Last name Spouse's social security number SINDEUJA KUMARI THOTA APPLICED FOR Home address (number and street). If you have a P.O. box, see instructions. Apt. no. B26 City, town, or post office. If you have a foreign address, also complete spaces below. State Zir code box below will not change SANDY SPRINGS Foreign province/state/county Foreign postal code your tax or refund. ovor refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. ovor of spouse Standard Someone can claim: You as a dependent You repouse as a dependent You You Spouse: No Dependents Gee instructions): (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): To you Child tax credit Credit for dite dependent If more (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): To you Child tax credit Credit for dite dependent If more<	Check only	lf yo	ou checked the MFS box, enter the r	name of	-						· · ·		-	0	. , . ,
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household, \$18,800 c Add lines 12a and 12b 12c 25,100 • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12c and 13 14 25,100. 14 25,100. 15 Taxable income Subtract line 14 from line 11 if zero or less enter -0- 15 51 51	\$25,100 Standard deduction of itemized deductions (iron Schedule A) 12a 2.5,100.														
\$18,800 C Add lines 12a and 12b 12c 25,100. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12c and 13 14 25,100. 15 Taxable income Subtract line 14 from line 11 If zero or less enter -0- 15 51		b		the star	idard dee	duction (se	e instr	uctions)	12k)		_			
any box under Standard 14 Add lines 12c and 13 14 25,100. Deduction, 15 Taxable income Subtract line 14 from line 11. If zero or less enter -0- 15 51 624	\$18,800													2	25,100.
Standard 14 Add lines 12c and 13 14 25,100 Deduction, 15 Taxable income Subtract line 14 from line 11. If zero or less enter -0- 15 51,624													_		- 1
	Standard												_		
		∫ 15	I axable income. Subtract line 14	trom lin	e 11. lf z	zero or les	s, ente	r-U	·	• •		. 1	5	5	⇒⊥,624.

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	5,797.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	5,797.
	19	Nonrefundable child tax cred						19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,797.
	23	Other taxes, including self-end	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	5,797.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 12	,241.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c						25d	12,241.
If you have a	26	2021 estimated tax payment						26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a			
		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a	,						
	b	Nontaxable combat pay elec	-						
	С	Prior year (2019) earned inco							
	28	Refundable child tax credit or			Schedule 8812	28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Recovery rebate credit. See		-			,400.		
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug					lits 🕨	32	1,400.
	33	Add lines 25d, 26, and 32. T		•				33	13,641.
Refund	34	If line 33 is more than line 24						34	7,844.
Refutio	35a	Amount of line 34 you want I				•		35a	7,844.
Direct deposit?	►b	Routing number 0 4 4	0 0 0 0	3 7	► c Type: 🛛	Checking	Savings		
See instructions.	►d	Account number 8 7 1	9 2 5 8	2 7			-		
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	? See			
Designee		tructions				. 🕨 🗌 Yes. Co	omplete b	elow.	🗙 No
		signee's		Phone			onal identif		
		ne 🕨		no. 🕨			oer (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation		1		it you an Identity
		ar olghataro		Duto					N, enter it here
Joint return?					IOS DEVEL	OPER	(see i	nst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			t your spouse an
your records.	,				HOME MAKE	D		ity Prote	ection PIN, enter it here
	Dh	(224)716 104	1	Email address				//	
		one no. (234)716-1043 eparer's name	Preparer's signat		SUMASALPRA	SAD@GMAIL.CC			Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווסידא ידאד אש		P02082	202	Self-employed
Preparer				TADAG ITAN	GUFIA IALLAN	02/19/2022			678)965-9522
Use Only		n's name ► GLOBAL TAX n's address ► 2530 Pebbl		n Cummin	T GA 300/1			s EIN ►	
					-			3 LIN F	
GU ເປ WWW.Irs.g	uv/rom	n1040 for instructions and the late	si mormation.		BAA	REV 02/16/22 PRO			Form 1040 (2021)

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

Attachment Sequence No. 12

	Attach to	Form 104	0, 1040-SR,	or 1040-NR.
	man / Cales	ded a D fam	les adams add a serie	مغما مماط اممده

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

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

Your social security number

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

SAI PRASAD SOMA & SINDHUJA KUMARI THOTA

136-43-0528

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes X No** If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to le dollars.	(sales price)	(or other basis)	to gain or loss Form(s) 8949, F line 2, columr	Part I,	from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	2,675,286.	2,875,805.	206,7	11.	6,192.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	(41,477.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-35,285.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, f line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	12 13				
	 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions 					()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	15				

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -35,285.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (3,000.
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

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Schedule D (Form 1040) 2021

Form	8949

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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

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

2021 Attachment Sequence No. 12A

Name(s) snown on return	Social security number or taxpayer identification number
SAI PRASAD SOMA & SINDHUJA KUMARI THOTA	136-43-0528

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Crypto LLC	01/01/21	12/06/21	56,608.	54,398.			2,210.	
Robinhood Securities LLC	01/01/21	11/30/21	2,618,678.	2,821,407.	W	206,711.	3,982.	
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), line 2 (if Box B			2,675,286.	2.875.805		206,711.	6,192.	
above is checked), or line 3 (if Box C above is checked)			, ,	, ,		===; ===;	\$,=>0;	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Servic	Sury	See sep	arate instruc		permaner	nt reside	ents.			
An IRS individua	I taxpayer identification nun	nber (ITIN) is for	r U.S. feder	al tax j	ourposes	only.			vpe (check one box):	
Before you begin		ible to pat a LLC			una la avr /CC	201			or a new ITIN an existing ITIN	
	nis form if you have, or are elig	-		-						
must file a U.S. f	ubmitting Form W-7. Read the ederal tax return with Form	W-7 unless you	meet one						, c, a, e, t, or g, you	
	t alien required to get an ITIN to c t alien filing a U.S. federal tax retu		etit							
_	nt alien (based on days present i		es) filing a U S	S feder	al tax retur	'n				
d 🗌 Dependent	of U.S. citizen/resident alien	f d, enter relationsl	hip to U.S. cit	tizen/res	sident alier	n (see ins				
	J.	f d or e , enter nam SAI PRASAD	SOMA						tions) ► 36-43-0528	
	t alien student, professor, or resea	-	federal tax re	eturn or	claiming a	n except	ion			
h Other (see in	(spouse of a nonresident alien hole	-								
	on for a and f : Enter treaty country	v Þ			d treaty ar	ticle num	nber 🕨			
Name	1a First name		dle name				name			
(see instructions)	SINDHUJA KUMARI					TH	OTA			
Name at birth if different ►	1b First name	Mid	dle name			Last	name			
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 826 PRESTON WOODS TRAIL Apt 826									
Address		ince, and country. Include ZIP code or postal code where appropriate. GA USA 30338								
	SANDY SPRINGS 3 Street address, apartment n	umber or rural rou		on't ue	-			-	50330	
Foreign (non- U.S.) Address		umber, or rurariou		ontus	e a F.O. D		Jei.			
(see instructions)	City or town, state or province	ce, and country. In	clude postal	code w	here appro	priate.				
Birth	4 Date of birth (month / day / year	r) Country of birth		City ar	nd state or	province	e (optional)	5 [Male	
Information	03/08/1994	INDIA							K Female	
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I				of U.S. v	visa (if any), r	umbe	r, and expiration date	
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.									
	USCIS documentation Other Date of entry into									
	the United States Issued by: INDIA No.: N0381862 Exp. date: 06/24/2025 (MM/DD/YYYY):									
	Issued by: INDIA 6e Have you previously receive	-					(MM/DD/	TTTT,		
	No/Don't know. Skip I					(11010):				
	Yes. Complete line 6f.		ist on a sheet	and att	ach to this	s form (se	ee instructio	ns).		
	6f Enter ITIN and/or IRSN ►	ITIN			IF	RSN			and	
	name under which it was is									
			st name		Middle r	name			Last name	
	6g Name of college/university c	or company (see in	structions) 🕨							
	City and state				Length o					
Sign Here	Under penalties of perjury, I (app documentation and statements, an information with my acceptance age	d to the best of my	y knowledge a	nd belie	f, it is true,	correct,	and complet	e. I a	uthorize the IRS to share	
Keep a copy for your records.	Signature of applicant (if de	elegate, see instruc	ctions)	Date (n	nonth / day	/ year)	Phone nun	nber		
	Name of delegate, if applic	able (type or print)	int) Delegate's relationship to applicant			Parent	Parent Court-appointed guardian			
Acceptance	Signature			Date (n	nonth / day	/ year)	Phone			
Agent's	Name and title (trace or - int	+/	Nome of -		,		Fax			
Use ONLY	Name and title (type or prin	iu)		Name of company EIN			PTIN			
	1							code		

REV 02/16/22 PRO





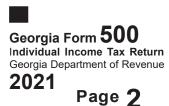
Georgia Form 500 (Rev. 08/02/21) Individual Income Tax Return

Georgia Department of Revenue 2021 (Approved software version)

Page 1

Fiscal Year Beginning	STATE GA ISSUED					
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID		C	70098215		
YOUR FIRST NAME 1. SAI PRASAD		МІ	YOUR SOCIALS	security number -0528		
LAST NAME (For Name Change See IT-5 SOMA	511 Tax Booklet)		s	SUFFIX		
SPOUSE'S FIRST NAME SINDHUJA KUMARI		МІ	spouse's soc 999–99–	CIAL SECURITY NUM	BER	DEPARTMENT USE ONLY
last name THOTA			s	UFFIX		
ADDRESS (NUMBER AND STREET or P.O. BO 2. 826 PRESTON WOODS TRA		ne for Ap	t, Suite or Building	Number) CHECK IF	ADDRESS HAS CHANGED	
APT NO 826						
CITY (Please insert a space if the city has mu 3. SANDY SPRINGS	ltiple names)		state GA	ZIP CODE 30338		
(COUNTRY IF FOREIGN)						
4. Enter your Residency Status with the a	noropriate number	-				tesidency Status
1. FULL- YEAR RESIDENT 2. PART- YEAR RES			тс			3. NONRESIDENT
Omit Lines 9 thru 14 and use F	orm 500 Schedı	ule 3 if	you are a pa	rt-year or nonr	esident filer.	
5. Enter Filing Status with appropriate I	etter (See IT-511	Tax Bo	oklet)			Filing Status 5 . B
A. Single B. Married filing joint C. Married fil	ing separate (Spouse's s	social sect	urity number must b	e entered above) D.H	ead of Household or Q	ualifying Widow(er)
6. Number of exemptions (Check appro					6b. Spouse	
7a. Number of Dependents (Enter details of			·		-	

PAGES (1-5) ARE REQUIRED FOR PROCESSING REV 01/31/22 PRO





YOUR SOCIAL SECURITY NUMBER 136-43-0528

- 7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

 First Name, MI.

 Last Name
 - Social Security Number Relationship to You

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

Last Name

Last Name

Last Name

Relationship to You

Relationship to You

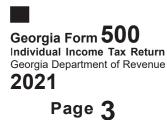
Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

(Do not use FEDERA	L TAXABLE INCOM	E) If the amo	040) ount on Line 8 is \$40,000 or 1040 Pages 1, 2, and Sche	more, or your gross i	76724 ncome is less than your
9. Adjustments from For	m 500 Schedule 1 (See IT-511	Tax Booklet)	9.	
10. Georgia adjusted gros	s income (Net total	of Line 8 an	d Line 9)	10.	76724
11. Standard Deduction (D (See IT-511 Tax Boo		L STANDAF	RD DEDUCTION)	11a.	6000
b. Self: 65 or over?	Blind?	Total	x 1,300=	11b.	
	Blind? duction (Line 11a + L 1c OR Line 12c (Do n		th lines)	11c.	6000
12. Total Itemized Deduction	ons used in computin	g Federal Ta	xable Income. If you use iter	mized deductions, you r	nust include Federal Schedule A.
a. Federal Itemized D	Deductions (Schedul	e A- Form 1	040)	12a.	
b. Less adjustments:	(See IT-511 Tax Bo	oklet)		12b.	
c. Georgia Total Itemiz	ed Deductions			12c.	
13. Subtract either Line 1	1c or Line 12c from	Line 10; ent	er balance	13.	70724

PAGES (1-5) ARE REQUIRED FOR PROCESSING





YOUR SOCIAL SECURITY NUMBER 136-43-0528

14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	7400
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	7400
 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information). 		63324
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	63324
16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet)	16.	3406
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file electronically)	e d 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	3406

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

	(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1.	WITHHOLDING TYPE:	1. WITHHOLDING TYPE:	1. WITHHOLDING TYPE:
	X W-2 G2-A G2-LP	W-2 G2-A G2-LP	W-2 G2-A G2-LP
	1099 G2-FL G2-RP	1099 G2-FL G2-RP	1099 G2-FL G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
	980429806		
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 2235806CC	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 79724	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5.	ga tax withheld 4109	5. GA TAX WITHHELD	5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

PAGES (1-5) ARE REQUIRED FOR PROCESSING

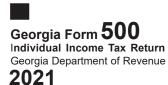
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REV 01/31/22 PRO

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Page 4



2200411543

YOUR SOCIAL SECURITY NUMBER 136-43-0528

1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	(INCOME STATEMENT E) 1. WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	G2-LP G2-RP		G2-LP G2-RP			
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WIT	THHOLDING ID	3. EMPLOYER/PAYER STATE WITH	HHOLDING ID			
4.	GA WAGES / INCOME	4. GA WAGES / INCOME		4. GA WAGES / INCOME				
5.	GA TAX WITHHELD	5. GA TAX WITHHELD		5. GA TAX WITHHELD				
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s		23.		4109			
24.	Other Georgia Income Tax Withheld	, 	24.					
25.	(Must include G2-A, G2-FL, G2-LP and/or C Estimated Tax paid for 2021 and Form I		25.					
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electronic		26.					
27.	Total prepayment credits (Add Lines 23, 2	3 7	27.		4109			
28.	If Line 22 exceeds Line 27, subtract Line balance due		28.					
29.	If Line 27 exceeds Line 22, subtract Line overpayment		29.		703			
30.	Amount to be credited to 2022 ESTIMA	ATED TAX	30.		0			
31.	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	31.					
32.	Georgia Fund for Children and Elderly (I	No gift of less than \$1.00)	32.					
33.	Georgia Cancer Research Fund (No gift	t of less than \$1.00)	33.					
34.	Georgia Land Conservation Program (No	o gift of less than \$1.00)	34.					
35.	Georgia National Guard Foundation (No	gift of less than \$1.00)	35.					
36.	Dog & Cat Sterilization Fund (No gift of I	less than \$1.00)	36.					
37.	Saving the Cure Fund (No gift of less th	nan \$1.00)	37.					
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	open (REACH) Program	38.					
			PROCE	SSING				

Indiv	orgia Form 500 vidual Income Tax Retu rgia Department of Reven 21		22	00411553		YOUR SOCIAL SE 136-43-052	
	Page 5						
39.	Public Safety Memorial	Grant (No gift of	less than \$1.00)).		
40.	Form 500 UET (Estima	ted tax penalty)	500 UET excepti	on attached 4	0.		
41.	(If you owe) Add Lind MAKE CHECK PAYAB				1.		
	Amount Due Mail To: GEORGIA DEPARTMEN PROCESSING CENTER ATLANTA, GA 30374-03	, PO BOX 740399					
42.	(If you are due a refund				0		702
	•	rect Deposit info			2. filer you wi	II be issued a paper che	703 ck.
42a.	Direct Deposit (U.S. Accounts	•,				Refund Due Mail To:	
Тур	e: Checking X Savings	Routing Number 04400 Account Number 87192				GEORGIA DEPARTMEN PROCESSING CENTER ATLANTA, GA 30374-03	, PO BOX 740380
	eellet, it is true, correct, and c	(Check box if		e taxpayer(s), this d		ed on all information of which the	_
Та	xpayer's Date of Death			Spouse's D	ate of Death		
Та	xpayer's Signature Dat	е	Taxpayer's Phor 234-716-1			Spouse's Signature D	Date
m	y providing my e-mail address y account(s). axpayer's E-mail Addre	-	Georgia Department of	Revenue to electror	ically notify me	at the below e-mail address rega	arding any updates to
						I authorize DC with the name	DR to discuss this return d preparer.
					Prenarer	r's Phone Number	
2	SYAM PRIYA RAM S	SAGAR GUPTA	TALLAM			-965-9522	
	Signature of Preparer						
	lame of Preparer Other SYAM PRIYA RA		JPT		Prepare 30-1	r's FEIN L017196	
			. –				
	Preparer's Firm Name GLOBAL TAXES	LLC				r's SSN/PTIN/SIDN)82703	

REV 01/31/22 PRO

PAGES (1-5) ARE REQUIRED FOR PROCESSING

Filling Status Gingle X Married filing jointy Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only try ou 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 widow(er) (QW) Torur first name and middle Initial Last name Your social security number SAL FRASDD Spouse's social security number Spouse's social security number SIL FRASDD Spouse's social security number Apt. no. SIL PRASTON WOODIS TRAIL B26 Chr, tow, rop out files, if you have a forsign address, also complete spaces below. Bale Check here if you, or your spouse if files fourth, want 33 to go to this fund. Checking a spouse if files fourth, want 33 to go to this fund. Checking a your spouse as a dependent Yers No Standard Sonce can claim: Your spouse as a dependent Yers is blind Deduction Or web tom before January 2, 1957 A tolind a credit credit or dependent Yers is blind Deduction Or web tom before January 2, 1957 A tolind a credit credit or dependent Yers is blind Performent see instructions: If web tom the fore January 2, 1957 Is blind Point strutterest Spouse temizes on a separate return or your are a dual-statu	104		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		(99) urn	20	21	OMB No.	1545-	-0074	IRS Use Only	∕−Do not	write o	or staple i	in this space.
SAI PRASAD SOMA 136 - 43 - 0528 If join return, spouse's first name and middle initial Last name Spouse's social security number SINDEUJA KUMARI THOTA APPLICED FOR Home address (number and street). If you have a P.O. box, see instructions. Apt. no. B26 City, town, or post office. If you have a foreign address, also complete spaces below. State Zir code box below will not change SANDY SPRINGS Foreign province/state/county Foreign postal code your tax or refund. ovor refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. ovor of spouse Standard Someone can claim: You as a dependent You repouse as a dependent You You Spouse: No Dependents Gee instructions): (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): To you Child tax credit Credit for dite dependent If more (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): To you Child tax credit Credit for dite dependent If more<	Check only	lf yo	ou checked the MFS box, enter the r	name of	-						· · /		-	0	
If joint return, spouse's first name and middle initial Last name Spouse's social security number SINDHUJA KUMARI THOTA AppLiED FOR Application Application Application 826 PRESTON WOODS TRAIL B26 SINDU SPRINGS GA 30338 Foreign country name Foreign province/state/county Foreign postal code Somoor SPRINGS GA 30338 Foreign country name Foreign province/state/county Foreign postal code Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Was examption theore January 2, 1957 Is blind Dependents (see instructions): (1) First name Last name Image: Credit for other dependents if more (1) First name Last name Image: Credit for other dependents Oreid for other dependents see instructions: 3a Image: Credit for other dependents Image: Credit for other dependents frequired. 4a Ha distributions 4a Image: Credit for other dependents frequired. 4a	Your first name	e and m	iddle initial	Last na	me							Your s	ocial	securit	y number
SINDHUJA KUMARI THOTA APPLIED FOR Home address furmber and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 236 FRESTON WOODS TRAIL 826 Check here If you, or your spouse if filling jointly, want S3 SANDY SPRINCS GA 30338 box below will not change Foreign country name Foreign province/state/county Foreign postal code You Spouse if filling jointly, want S3 Spouse if filling jointly, want S3 At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Someone can claim: You as dependent Your spouse as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: (9) You spouse as a dependent You Spouse Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Dependents	SAI PRA	SAD		SOMA	1							136	-43	-0528	8
Home address (number and street). If you have a P.0. box, see instructions. Apt. no. B26 826 PRESTON WOODS TRAIL Check here if you, or your sour sour sour sour sour sour sour s	If joint return, s	spouse's	s first name and middle initial	Last na	me							Spous	e's so	cial sec	urity number
826 PRESTON WOODS TRAIL 826 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State 2P code spouse if filling jointly, wart S3 SANDY SPRINGS GA 30338 box below will not change your tax or refund. your tax or refund. Foreign country mame Foreign province/state/county Foreign postal code your tax or refund. your tax or refund. At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Yes No Standard Spouse itemizes on a separate return or you were a dual-status alien (a) V if qualifies for (see instructions): (f) First name Las name (g) Social security (g) Relationship (a) V if qualifies for (see instructions): (f) First name Las name (g) Social security (g) Relationship (g) V if qualifies for (see instructions): (f) First name Las name (g) Social security (g) Relationship (g) V if qualifies for (see instructions): (g) for instruce dual	SINDHUJ	A KUI	MARI	THOT	'A							APPI	LIE	D FOI	R
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SADY SPRINGS GA 30338 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse Someone can claim: You as a dependent Your spouse as a dependent Deduction 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 Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind If more (1) First name Last name number Itelestonship (4) If qualifies for (see instructions): If more (1) First name Last name Itelestonship Itelestonship Itelestonship Itelestonship Attach 2a Tax-exempt interest 2a b ordinary dividends	City, town, or	post offi	ce. If you have a foreign address, also co	omplete s	paces bel	low.	Stat	te		ZIP coo	le				
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Qualifying widow(er), \$25,100 11 54,724. 12a Standard deduction or itemized deductions (from Schedule A) 12a 25,100. Head of household, \$18,800 b Charitable contributions if you take the standard deduction (see instructions) 12b If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 12c 25,100. 14 25,100. 14 25,100. 14 25,100. 14 25,100. 14 25,100. 14	1.1.1.1.1								•	· ·		-	-		
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household, \$18,800 c Add lines 12a and 12b 12c 25,100 • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12c and 13 14 25,100. 14 25,100. 15 Taxable income Subtract line 14 from line 11 if zero or less enter -0- 15 51 51							,	• •			25,10	0.			
\$18,800 C Add lines 12a and 12b 12c 25,100. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12c and 13 14 25,100. 15 Taxable income Subtract line 14 from line 11 If zero or less enter -0- 15 51		b		the star	idard dee	duction (se	e instr	uctions)	12k)		_			
any box under Standard 14 Add lines 12c and 13 14 25,100. Deduction, 15 Taxable income Subtract line 14 from line 11. If zero or less enter -0- 15 51 624	\$18,800													2	25,100.
Standard 14 Add lines 12c and 13 14 25,100 Deduction, 15 Taxable income Subtract line 14 from line 11. If zero or less enter -0- 15 51,624													_		- 1
	Standard												_		
		∫ 15	I axable income. Subtract line 14	trom lin	e 11. lf z	zero or les	s, ente	r-U	·	• •		. 1	5	5	⇒⊥,624.

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	5,797.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	5,797.
	19	Nonrefundable child tax cred						19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,797.
	23	Other taxes, including self-end	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	5,797.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 12	,241.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c						25d	12,241.
If you have a	26	2021 estimated tax payment						26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a			
		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-						
	С	Prior year (2019) earned inco							
	28	Refundable child tax credit or			Schedule 8812	28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Recovery rebate credit. See		-			,400.		
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug					lits 🕨	32	1,400.
	33	Add lines 25d, 26, and 32. T		•				33	13,641.
Refund	34	If line 33 is more than line 24						34	7,844.
Refutio	35a	Amount of line 34 you want I				•		35a	7,844.
Direct deposit?	►b	Routing number 0 4 4 0 0 0 3 7 ► c Type: X Checking Savings							
See instructions.	►d	Account number 8 7 1	9 2 5 8	2 7			-		
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	? See			
Designee		tructions				. 🕨 🗌 Yes. Co	omplete b	elow.	🗙 No
		signee's		Phone			onal identif		
		ne 🕨		no. 🕨			oer (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation		1		it you an Identity
		ar olghataro		Duto					N, enter it here
Joint return?					IOS DEVEL	OPER	(see i	nst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			t your spouse an
your records.	,				HOME MAKE	D		ity Prote	ection PIN, enter it here
	Dh	(224)716 104	1	Email address				//	
		one no. (234)716-1043 eparer's name	Preparer's signat		SUMASALPRA	SAD@GMAIL.CC			Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	202	Self-employed
Preparer				TADAG ITAN	GUFIA IALLAN	02/19/2022			678)965-9522
Use Only		n's name ► GLOBAL TAX n's address ► 2530 Pebbl		n Cummin	T GA 300/1			s EIN ►	
					-			3 LIN F	
GU ເປ WWW.Irs.g	uv/rom	n1040 for instructions and the late	si mormation.		BAA	REV 02/16/22 PRO			Form 1040 (2021)