#### 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. |                                 |
| <b>1</b> Adjusted gross income   | <b>1</b> 76,724.                |
| <b>2</b> Total tax   | <b>2</b> 5,797.                 |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099              | · · · · · <b>3</b> 12,241.      |
| 4 Amount you want refunded to you  | <b>4</b> 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

| ~ | 1 authorize |              | FBO firm name | to enter of generate my ring | E |
|---|-------------|--------------|---------------|------------------------------|---|
| Y | Lauthorizo  | GLOBAL TAXES | T.T.C         | to enter or generate my PIN  | 3 |

| 3          | 0                | 5               | 2               | 8          | 00 00 |
|------------|------------------|-----------------|-----------------|------------|-------|
| Ent<br>don | er fiv<br>n't er | /e di<br>nter a | gits,<br>all ze | but<br>ros | as my |

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  |  |
| <b>ERO's EFIN/PIN.</b> 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<br>orm to the IRS Unless |                  |                                 |
| For Paperwork Reduction Act Notice, see your tax return | instructions. PAA                              | REV 02/16/22 PRO | Form <b>8879</b> (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  | <b>104</b>  |              | artment of the Treasury—Internal Revenue Serv<br>S. Individual Income Tax |              | (99)<br><b>urn</b> | 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         for eat check       Image:   | 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              |
| City, Iowin, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       30.338       spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change a box below will not change a box below will not change a box below.       State       ZIP code       30.338       box below will not change a box below.       You       spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change a box below.       You       Spouse if will a box below.       You       You       You       You       Spouse if will a box below.       You       You       You       You       You  | Home address  | s (numbe     | er and street). If you have a P.O. box, see                               | e instructio | ons.               |              |                |             |        | Ap      | ot. no.      | Presid        | entia   | I Electic   | on Campaign    |
| SANDY SPRINGS       GA       30338       box below will not change box box below will not   | 826 PRE   | STON         | WOODS TRAIL   |              |                    |              |                |             |        | 8       | 26           |               |         |             |                |
| 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           |               |         |             |                |
| 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       You repose as a dependent         Age/Blindness You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents (see instructions):       (I) First name       Last name       (I) Point are comparison of the dependents.       (I) First name       (I) First na   | SANDY S   | PRIN         | GS  |              |                    |              | GA             | ł           |        | 303     | 38           |               |         |             | 0              |
| At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes   At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes   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 Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) If i qualifies for (see instructions): Child tax credit Credit for other dependents see instructions and check b Taxable amount and check and check and check b Taxable amount and check and check b Taxable amount b Taxable amount c Capital gain or (loss). Attach Schedule D if required. If not required, check here b Taxable amount c Capital gain or (loss). Attach Schedule D if required. If not required, check here c Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income and check b Charitable contributions if you take the standard deduction (from Schedule A) b Charitable contributions if you take the standard deduction (see instructions) b Charitable contributions if you take the standard deduction (see instructions) b Charitable contributions if you take the standard deduction (see instructions) <p< td=""><td>Foreign countr</td><td>ry name</td><td></td><td>F</td><td>oreign pr</td><td>rovince/stat</td><td>e/count</td><td>y</td><td></td><td>Foreign</td><td>postal code</td><td>your ta</td><td>ax or</td><td>refund.</td><td>-</td></p<>  | Foreign countr  | ry name      |   | F            | oreign pr          | rovince/stat | e/count        | y           |        | Foreign | postal code  | your ta       | ax or   | refund.     | -              |
| Standard<br>Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         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         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         and check       (1)       Yages, salaries, tips, etc. Attach Form(s) W-2       1       79,724.         Attach       2a       Tax-exempt interest       2a       b Taxable amount       5b         Standard       Ga and annuities       5a       Social security benefits       6a  |   |              |   |              |                    |              |                |             |        |         |              |               |         | ] You       | Spouse         |
| Standard<br>Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         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         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         and check       (1)       Yages, salaries, tips, etc. Attach Form(s) W-2       1       79,724.         Attach       2a       Tax-exempt interest       2a       b Taxable amount       5b         Standard       Ga and annuities       5a       Social security benefits       6a  | At any time du  | uring 20     | 021, did you receive, sell, exchange                                      | , or othe    | rwise dis          | spose of a   | iny fina       | ncial inter | rest i | n any v | irtual curre | ncy?          | Г       | Yes         | X No           |
| 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         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions       Imme       Last name       Imme  |   |              |   |              |                    |              | •              |             |        |         |              |               |         |             |                |
| Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✔ if qualifies for (see instructions):       Child tax credit       Credit for other dependents         If more       (1) First name       Last name       Image: Credit for other dependents       Image: Credit for other dependents         dependents,       see instructions       Image: Credit for other dependents       Image: Credit for other dependents         dependents,       see instructions       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         Attach       3       Sch. Bif       2a       Tax-exempt interest       Image: Credit for other dependents         a lark distributions       1       79,724.       2b       Sch. Bif         sa       Qualified dividends       3a       b       Taxable interest       2b         Sandard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         Deduc  |   | _            |   | •            |                    | •            |                | •           | ent    |         |              |               |         |             |                |
| Dependents       (see instructions):       (2) Social security<br>number       (3) Relationship<br>to you       (4) ✓ if qualifies for (see instructions):         If more<br>than four<br>dependents,<br>see instructions<br>and check       (1) First name       Last name  | 2000000   |              | ·   |              | _                  | dual state   |                |             |        |         |              |               |         |             |                |
| If more than four dependents, see instructions and check       Image: transme instructions and che  | Age/Blindnes  | s You:       | : Were born before January 2, 1   | 957          | Are bl             | ind S        | pouse          | : 🗌 Was     | s bor  | n befor |              |               |         |             | -              |
| If more       1       Of this half b       1       Of this half b       0       0         Item four       dependents, see instructions and check       1       79,724.       1       79,724.         Attach       2a       Tax-exempt interest       1       79,724.       2b       2b         Attach       2a       Qualified dividends       3a       b       Taxable interest       2b         Sch. Bif       a       Qualified dividends       3a       b       Ordinary dividends       2b         Sch. Bif       a       Qualified dividends       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       6b         Deduction for       -       Capital gain or (loss). Attach Schedule D if required. If not required, check here       >       7       -3,000.         8       Other income from Schedule 1, line 10       .       .       10  | Dependent   |              |   |              | (2) S              |              | rity           |             |        | ip      |              |               | 1       |             |                |
| dependents, see instructions       Image: Construction of the second secon  |   | <b>(1)</b> F | irst name Last name   |              | number to you      |              | Child tax cred |             | redit  | Cre     | dit for oth  | er dependents |         |             |                |
| see instructions       Image: see instructions       Image: see instructions       Image: see instructions         Attach       2a       Image: see instructions       Image: see instructions       Image: see instructions         Attach       2a       Tax-exempt interest       Image: see instructions       <  |   |              |   |              |                    |              |                |             |        |         |              |               |         |             | <u> </u>       |
| here       I       Wages, salaries, tips, etc. Attach Form(s) W-2       I       79,724.         Attach       2a       Tax-exempt interest       I       79,724.         Sch. B if       2a       Tax-exempt interest       I       79,724.         Sch. B if       3a       Qualified dividends       I       2b         Sch. B if       a       Qualified dividends       I       3b         required.       4a       IRA distributions       I       4a         5a       Pensions and annuities       5a       b       Taxable amount       I         5a       Pensions and annuities       5a       b       Taxable amount       I       6b         5dadard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       I       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       Imable       Imable <td></td> <td>ıs ——</td> <td></td>  |   | ıs ——        |   |              |                    |              |                |             |        |         |              |               |         |             |                |
| Attach       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       79,724.         Attach       2a       b       Tax-exempt interest       2b         Sch. B if       3a       Qualified dividends       3b       2b         Attach       3a       Use of the second se   |   |              |   |              |                    |              |                |             |        |         |              |               |         |             |                |
| Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if<br>required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5tandard       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       -3,000.         8       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       76,724.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10       11         9       76,724.       10       Adjustments to income from Schedule 1, line 26       10       11         9       76,724.       10       11       76,724.       10         9       Standard deduction or itemized deduction (see instructions)       12b       11       76,724.   | here 🕨 📋  |              |   |              |                    |              |                |             |        |         |              |               |         |             |                |
| Sch. B if required.       2a       Taxetextempt interest       2a       2b         Sch. B if required.       3a       Qualified dividends       3a       3b       3b         Gualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       D ordinary dividends       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         • Single or Married filing separately, \$12,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       7       -3,000.         • Married filing jointly or Qualifying widow(er), \$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       10       10         11       76,724.       10       11       76,724.       10         • Married filing yor Qualifying widow(er), \$25,100       12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         • Head of household, \$18,800       t       Add lines 12a and 12b       12a and 12b </td <td>Attach</td> <td><u> </u></td> <td>Wages, salaries, tips, etc. Attach I</td> <td>Form(s) \</td> <td>N-2 .</td> <td>· · ·</td> <td></td> <td></td> <td>•</td> <td>· ·</td> <td></td> <td>·   ·</td> <td>1</td> <td></td> <td>79,724.</td>  | Attach  | <u> </u>     | Wages, salaries, tips, etc. Attach I                                      | Form(s) \    | N-2 .              | · · ·        |                |             | •      | · ·     |              | ·   ·         | 1       |             | 79,724.        |
| required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       16b       7       -3,000.         8       Other income from Schedule 1, line 10       10       10       8       9       76,724.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10       10         10       Adjustments to income from Schedule 1, line 26       10       11       76,724.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       76,724.         11       76,724.       10       11       76,724.         9       Charitable contributions if you take the standard deduction (see instructions)       12b       11         12a       25,100.       12b   |   | 2a           | · · –   |              |                    |              | b Ta           | axable int  | erest  |         |              | · –           |         |             |                |
| 5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-<br>Obcluction for-<br>• Single or<br>Married filing<br>separately,<br>\$12,550       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       •       7       -3,000.         8       Other income from Schedule 1, line 10       •       •       8       •         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       •       9       76,724.         10       Adjustments to income from Schedule 1, line 26       •       10       •       11         9       76,724.       10       •       11       76,724.       10         9       76,724.       10       •       11       76,724.       10         9       Vidow(er),<br>\$25,100       •       12a       25,100.       11       76,724.         •       11       76,724.       10       •       11       76,724.       10         •       12a       Standard deduction or itemized deduction (from Schedule A)       •       12a       25,100.       12c       25,100.         •       •   |   | <u>3a</u>    |   |              |                    |              |                |             |        |         |              |               |         |             |                |
| Standard Deduction for-       6a       Social security benefits   |   | ) 4a         |   | -            |                    |              | bΤ             | axable arr  | nount  | t       |              |               |         |             |                |
| Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000.         • Single or<br>Married filing<br>separately,<br>\$12,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       76,724.         • Married filing<br>jointly or<br>Qualifying<br>widow(er),<br>\$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       76,724.       10         • Head of<br>household,<br>\$18,800       5       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         • If you checked<br>any box under<br>Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • Head of<br>household,<br>\$tandard       14       25,100.       14       25,100.         • If you checked<br>any box under<br>Standard       13   |   | \<br>\       |   |              |                    |              |                |             |        |         |              |               | -       |             |                |
| <ul> <li>Single or<br/>Married filing<br/>separately,<br/>\$12,550</li> <li>Married filing<br/>jointy or<br/>Qualifying<br/>widow(er),<br/>\$25,100</li> <li>Head of<br/>household,<br/>\$18,800</li> <li>If you checked<br/>any box under<br/>Standard</li> <li>If you checked<br/>any box under<br/>Standard</li> <li>If you checked<br/>any box under<br/>Standard</li> <li>If you checked<br/>any box under<br/>Standard L2 and 12</li> <li>If you checked<br/>any box under<br/>Standard L2 and 13</li> <li>If you checked<br/>any box under<br/>Standard L2 and 14</li> <li>If you checked<br/>any box under<br/>Sta</li></ul> |   |              | ,   |              |                    |              |                |             |        | t       |              |               |         |             |                |
| separately, \$12,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       76,724.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       Subtract line 10 from line 9. This is your adjusted gross income       .       .       .         12a       Standard deduction or itemized deductions (from Schedule A)       .       .       11       76,724.         • Head of household, \$18,800       12a       Standard deduction or itemized deduction (see instructions)       12a       25,100.       12c       25,100.         • Head of household, \$18,800       c       Add lines 12a and 12b       .       .       .       .       .       .         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       .       <   |   |              |   |              | required           | d. If not re | quired         | , check he  | ere    | · ·     | Þ [          |               |         |             | -3,000.        |
| \$12,550       9       Add lines 1, 26, 36, 46, 55, 66, 7, and 8. This is your total income       9       76, 724.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       76, 724.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25, 100.         • Head of household, \$18,800       •       Add lines 12a and 12b       12b         • If you checked any box under standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       25,100.       14       25,100.       14       25,100.         15       Taxable income       14 from line 14 from line 11 lf zero or less enter -0-       15       51,624   |   |              |   |              |                    |              |                |             | •      | · ·     |              |               | -       |             |                |
| iointy or<br>Qualifying<br>widow(er),<br>\$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       11       76,724.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.       12a         • Head of<br>household,<br>\$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       12c       25,100.         • If you checked<br>any box under<br>Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       25,100.         14       25,100.       14       25,100.       14       25,100.  |   |              |   |              |                    | our total in | come           |             | •      | · ·     |              |               |         |             | /6,724.        |
| Qualifying<br>widow(er),<br>\$25,100       11       54,724.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         Head of<br>household,<br>\$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b         If you checked<br>any box under<br>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   |              |   |              |                    |              |                |             | •      | · ·     |              | -             |         |             |                |
| \$25,100       12a       Standard deduction of itemized deductions (non scriedule A)       12a       23,100         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       12b         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       25,100         • If you checked any box under Standard       14       Add lines 12c and 13       14       25,100       14         • If you checked any box under Standard       14       25,100       14       25,100       14         • If you checked any box under Standard       14       25,100       14       25,100       14       25,100   | Qualifying  | L            |   |              |                    |              |                |             | · ·    | · ·     |              |               | 1       | 7           | /6,724.        |
| household,<br>\$18,800       c       Add lines 12a and 12b       12c       25,100         • If you checked<br>any box under<br>Standard<br>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<br>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): <b>1</b> 🗌 881 | 4 <b>2</b> 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 <b>total tax</b> |                     |                  |                  | . 🕨          | 24        | 5,797.                    |
|                                      | 25     | Federal income tax withheld   | from:                 |                     |                  | 1 1              |              |           |                           |
|                                      | а      | Form(s) W-2   |                       |                     |                  | <b>25a</b> 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<br>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.<br>Keep a copy for | Sp     | ouse's signature. If a joint return, <b>k</b>                                   | 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<br>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<br>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 <b>1040</b> (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)<br>Proceeds   | (e)<br>Cost       | (g)<br>Adjustment                                    |         | (h) Gain or (loss)<br>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<br>Form(s) 8949, F<br>line 2, columr | Part I, | from column (d) and<br>combine the result<br>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 <b>Box A</b> checked  | 2,675,286.        | 2,875,805.        | 206,7  | 11.     | 6,192.   |
| 2  | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                   |                   |  |         |  |
| 3  | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> 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 <b>Worksheet</b> 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<br>This | instructions for how to figure the amounts to enter on the<br>below.<br>form may be easier to complete if you round off cents to<br>e dollars.   | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | (g)<br>Adjustmen<br>to gain or loss<br>Form(s) 8949, f<br>line 2, colum | from<br>Part II, | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>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 <b>Box D</b> checked   |   |  |   |                  |   |
| 9             | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |   |  |   |                  |   |
| 10            | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.  |   |  |   |                  |   |
| 11            | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824   |   | 11                                     |   |                  |   |
| 12<br>13      | Net long-term gain or (loss) from partnerships, S corporat<br>Capital gain distributions. See the instructions   | 12<br>13                                |  |   |                  |   |
|               | <ul> <li>14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions</li> </ul>   |   |  |   |                  | ( )   |
| 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   | <b>16</b> -35,285. |
|      | • 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.  |                    |
|      | • 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.  |                    |
|      | • 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.  |                    |
| 17   | Are lines 15 and 16 <b>both</b> gains?  |                    |
|      | <b>No.</b> Skip lines 18 through 21, and go to line 22.   |                    |
| 18   | 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  | 18                 |
| 19   | 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  | 19                 |
| 20   | <ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>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.</li> </ul> |                    |
|      | ☐ 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)   | <b>21</b> ( 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.  |                    |

REV 02/16/22 PRO

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

| <b>1</b><br>(a)<br>Description of property   | <b>(b)</b><br>Date acquired | <b>(c)</b><br>Date sold or     | <b>(d)</b><br>Proceeds              | <b>(e)</b><br>Cost or other basis.<br>See the <b>Note</b> below | If you enter an enter a co          | any, to gain or loss.<br>amount in column (g),<br>ode in column (f).<br>arate instructions. | <b>(h)</b><br>Gain or (loss).<br>Subtract column (e)         |  |
|--|-----------------------------|--------------------------------|-------------------------------------|---|-------------------------------------|---|--|--|
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)             | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions           | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment   | from column (d) and<br>combine the result<br>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 <b>line 3</b> (if <b>Box C</b> 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 <b>W-7</b>  |
|--|
| (Rev. August 2019)                                     |
| Department of the Treasury<br>Internal Revenue Service |

# Application for IRS Individual Taxpayer Identification Number

| Department of the Treas<br>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<br>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<br>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 <b>d,</b> enter relationsl  | hip to U.S. cit                           | tizen/res           | sident alier   | n (see ins |                                 |        |                                   |  |
|  | J.   | f <b>d</b> or <b>e</b> , enter nam<br>SAI PRASAD                                      | SOMA                                      |                     |                |            |                                 |        | tions) ►<br>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 <b>a</b> and <b>f</b> : Enter treaty country  | v <b>Þ</b>  |   |                     | d treaty ar    | ticle num  | nber 🕨                          |        |                                   |  |
| Name   | <b>1a</b> 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<br>Mailing                             | 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.<br>826 PRESTON WOODS TRAIL Apt 826 |   |   |                     |                |            |                                 |        |                                   |  |
| Address  |  | ince, and country. Include ZIP code or postal code where appropriate.<br>GA USA 30338 |   |                     |                |            |                                 |        |                                   |  |
|  | SANDY SPRINGS<br>3 Street address, apartment n   | umber or rural rou  |   | on't ue             | -              |            |                                 | -      | 50330                             |  |
| Foreign (non-<br>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<br>Information                               | 6a Country(ies) of citizenship<br>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<br>Issued by: INDIA No.: N0381862 Exp. date: 06/24/2025 (MM/DD/YYYY):  |   |   |                     |                |            |                                 |        |                                   |  |
|  | Issued by: INDIA<br>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<br>Here                                       | Under penalties of perjury, I (app<br>documentation and statements, an<br>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   |                                   |  |

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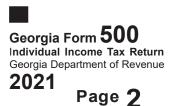
# Georgia Form 500 (Rev. 08/02/21) Individual Income Tax Return

Georgia Department of Revenue 2021 (Approved software version)

# Page 1

| Fiscal Year<br>Beginning   | STATE GA<br>ISSUED                |             |                                |                          |                       |                               |
|--|-----------------------------------|-------------|--------------------------------|--------------------------|-----------------------|-------------------------------|
| Fiscal Year<br>Ending  | YOUR DRIVER'S<br>LICENSE/STATE ID |             | C                              | 70098215                 |                       |                               |
| YOUR FIRST NAME<br>1. SAI PRASAD                                   |                                   | МІ          | YOUR SOCIALS                   | security number<br>-0528 |                       |                               |
| LAST NAME (For Name Change See IT-5<br>SOMA                        | 511 Tax Booklet)                  |             | s                              | SUFFIX                   |                       |                               |
| SPOUSE'S FIRST NAME<br>SINDHUJA KUMARI                             |                                   | МІ          | <b>spouse's soc</b><br>999–99– | CIAL SECURITY NUM        | BER                   | DEPARTMENT USE ONLY           |
| last name<br>THOTA   |                                   |             | s                              | UFFIX                    |                       |                               |
| ADDRESS (NUMBER AND STREET or P.O. BO<br>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<br>3. SANDY SPRINGS | ltiple names)                     |             | state<br>GA                    | <b>ZIP CODE</b><br>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<br><b>5</b> . 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** 

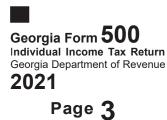
Relationship to You

### **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)<br>ount on Line 8 is \$40,000 or<br>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<br>(See IT-511 Tax Boo |   | L STANDAF     | RD DEDUCTION)  | 11a.                           | 6000                             |
| b. Self: 65 or over?                             | Blind?  | Total         | x 1,300=   | 11b.                           |                                  |
|  | Blind?<br>duction (Line 11a + L<br>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, <b>you r</b> | 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  |
| <ul> <li>15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)</li> <li>15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).</li> </ul> |                | 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 <b>d</b> 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<br>ID NUMBER (FEIN) X SSN | 2. EMPLOYER/PAYER FEDERAL<br>ID NUMBER (FEIN) SSN | 2. EMPLOYER/PAYER FEDERAL<br>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<br>79724                       | 4. GA WAGES / INCOME                              | 4. GA WAGES / INCOME                              |
| 5. | ga tax withheld<br>4109                          | 5. GA TAX WITHHELD                                | 5. GA TAX WITHHELD                                |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

### PAGES (1-5) ARE REQUIRED FOR PROCESSING

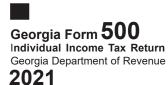
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Page 4



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#### YOUR SOCIAL SECURITY NUMBER 136-43-0528

| 1.<br>2. | (INCOME STATEMENT D)<br>WITHHOLDING TYPE:<br>W-2 G2-A G2-LP<br>1099 G2-FL G2-RP<br>EMPLOYER/PAYER FEDERAL<br>ID NUMBER (FEIN) SSN | (INCOME STATEMENT E)<br>1. WITHHOLDING TYPE:<br>W-2 G2-A<br>1099 G2-FL<br>2. EMPLOYER/PAYER FEDERAL<br>ID NUMBER (FEIN) SSN | G2-LP<br>G2-RP |                              | G2-LP<br>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<br>(Enter Tax Withheld Only and include W-2s   |   | 23.            |                              | 4109           |  |  |  |
| 24.      | Other Georgia Income Tax Withheld   | ,<br>   | 24.            |                              |                |  |  |  |
| 25.      | (Must include G2-A, G2-FL, G2-LP and/or C<br>Estimated Tax paid for 2021 and Form I   |   | 25.            |                              |                |  |  |  |
| 26.      | Schedule 2B Refundable Tax Credits<br>(Cannot be claimed unless filed electronic  |   | 26.            |                              |                |  |  |  |
| 27.      | Total prepayment credits (Add Lines 23, 2   | <b>3</b> 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<br>(No gift of less than \$1.00)  | open (REACH) Program  | 38.            |                              |                |  |  |  |
|          |   |   | <b>PROCE</b>   | SSING                        |                |  |  |  |

| Indiv | orgia Form 500<br>vidual Income Tax Retu<br>rgia Department of Reven<br>21            |  | 22                           | 00411553              |                           | <b>YOUR SOCIAL SE</b><br>136-43-052                            |                                       |
|-------|---|--|------------------------------|-----------------------|---------------------------|--|---------------------------------------|
|       | Page 5  |  |                              |                       |                           |  |                                       |
| 39.   | Public Safety Memorial  | Grant (No gift of                                  | less than \$1.00)            |                       | ).                        |  |                                       |
| 40.   | Form 500 UET <b>(Estima</b>   | ted tax penalty)                                   | 500 UET excepti              | on attached 4         | 0.                        |  |                                       |
| 41.   | (If you owe) Add Lind<br>MAKE CHECK PAYAB   |  |                              |                       | 1.                        |  |                                       |
|       | Amount Due Mail To:<br>GEORGIA DEPARTMEN<br>PROCESSING CENTER<br>ATLANTA, GA 30374-03 | , PO BOX 740399                                    |                              |                       |                           |  |                                       |
| 42.   | (If you are due a refund  |  |                              |                       | 0                         |  | 702                                   |
|       | •   | rect Deposit info                                  |                              |                       | 2.<br><b>filer you wi</b> | II be issued a paper che                                       | 703<br><b>ck.</b>                     |
| 42a.  | Direct Deposit (U.S. Accounts   | •,   |                              |                       |                           | Refund Due Mail To:  |                                       |
| Тур   | e: Checking X<br>Savings  | Routing<br>Number 04400<br>Account<br>Number 87192 |                              |                       |                           | GEORGIA DEPARTMEN<br>PROCESSING CENTER<br>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<br>234-716-1 |                       |                           | Spouse's Signature D   | Date                                  |
| m     | y providing my e-mail address<br>y account(s).<br>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<br>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<br>SYAM PRIYA RA   |  | JPT                          |                       | Prepare<br>30-1           | r's FEIN<br>L017196  |                                       |
|       |   |  | . –                          |                       |                           |  |                                       |
|       | Preparer's Firm Name<br>GLOBAL TAXES  | LLC  |                              |                       |                           | r's SSN/PTIN/SIDN<br>)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  | <b>104</b>         |              | artment of the Treasury-Internal Revenue Serv<br>S. Individual Income Tax |              | (99)<br><b>urn</b> | 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              |
| City, Iowin, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       30.338       spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change a box below will not change a box below will not change a box below.       State       ZIP code       30.338       box below will not change a box below.       You       spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change a box below.       You       Spouse if will a box below.       You       You       You       You       Spouse if will a box below.       You       You       You       You       You  | Home address       | s (numbe     | er and street). If you have a P.O. box, see                               | e instructio | ons.               |              |          |                             |        | Ap      | ot. no.      | Presid   | entia   | I Electic   | on Campaign    |
| SANDY SPRINGS       GA       30338       box below will not change box box below will not   | 826 PRE            | STON         | WOODS TRAIL   |              |                    |              |          |                             |        | 8       | 26           |          |         |             |                |
| 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           |          |         |             |                |
| 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       You repose as a dependent         Age/Blindness You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents (see instructions):       (I) First name       Last name       (I) Point are comparison of the dependents.       (I) First name       (I) First na   | SANDY S            | PRIN         | GS  |              |                    |              | GA       | ł                           |        | 303     | 38           |          |         |             | 0              |
| At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes   At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes   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 Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) If i qualifies for (see instructions): Child tax credit Credit for other dependents see instructions and check b Taxable amount and check and check and check b Taxable amount and check and check b Taxable amount b Taxable amount c Capital gain or (loss). Attach Schedule D if required. If not required, check here b Taxable amount c Capital gain or (loss). Attach Schedule D if required. If not required, check here c Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income and check b Charitable contributions if you take the standard deduction (from Schedule A) b Charitable contributions if you take the standard deduction (see instructions) b Charitable contributions if you take the standard deduction (see instructions) b Charitable contributions if you take the standard deduction (see instructions) <p< td=""><td>Foreign countr</td><td>ry name</td><td></td><td>F</td><td>oreign pr</td><td>rovince/stat</td><td>e/count</td><td>y</td><td></td><td>Foreign</td><td>postal code</td><td>your ta</td><td>ax or</td><td>refund.</td><td>-</td></p<>  | Foreign countr     | ry name      |   | F            | oreign pr          | rovince/stat | e/count  | y                           |        | Foreign | postal code  | your ta  | ax or   | refund.     | -              |
| Standard<br>Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         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         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions  |                    |              |   |              |                    |              |          |                             |        |         |              |          |         | ] You       | Spouse         |
| Standard<br>Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         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         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions  | At any time du     | uring 20     | 021, did you receive, sell, exchange                                      | , or othe    | rwise dis          | spose of a   | iny fina | ncial inter                 | rest i | n any v | irtual curre | ncy?     | Г       | Yes         | X No           |
| 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         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V if qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions       Imme       Last name       Imme  |                    |              |   |              |                    |              | •        |                             |        |         |              |          |         |             |                |
| Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✔ if qualifies for (see instructions):       Child tax credit       Credit for other dependents         If more       (1) First name       Last name       Image: Credit for other dependents       Image: Credit for other dependents         dependents,       see instructions       Image: Credit for other dependents       Image: Credit for other dependents         dependents,       see instructions       Image: Credit for other dependents       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         Attach       3       Sch. Bif       2a       Tax-exempt interest       2a       Image: Credit for other dependents         a lark distributions       4a       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       1       79,724.       Za       Za       Tax-exempt interest       2b         Attach       3a       bordinary dividends       Sa <t< td=""><td></td><td>_</td><td></td><td>•</td><td></td><td>•</td><td></td><td>•</td><td>ent</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>  |                    | _            |   | •            |                    | •            |          | •                           | ent    |         |              |          |         |             |                |
| Dependents       (see instructions):       (2) Social security<br>number       (3) Relationship<br>to you       (4) ✓ if qualifies for (see instructions):         If more<br>than four<br>dependents,<br>see instructions<br>and check       (1) First name       Last name       Image: Child tax credit<br>credit for other dependents         see instructions<br>and check       Image: Child tax credit<br>credit for other dependents       Image: Child tax credit<br>credit for other dependents         here b       Image: Child tax credit<br>credit for other dependents       Image: Child tax credit<br>credit for other dependents         Attach<br>Sch. B if<br>required.       2a       b Taxable interest       Image: Child tax credit<br>credit for other dependents         4       Image: Child tax credit<br>credit for other dependents       Image: Child tax credit<br>credit for other dependents         5a       Data for the dependents       Image: Child tax credit<br>credit for other dependents         fequired.       1       79,724.         4a       b Taxable amount       2b         5a       Desions and annuities       5a         5a       Desions and annuities       5a         5a       Standard       Defuel for other dependents         6a       Social security benefits       6a         512,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       1m         9 <td>2000000</td> <td></td> <td>·</td> <td></td> <td>_</td> <td>dual state</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   | 2000000            |              | ·   |              | _                  | dual state   |          |                             |        |         |              |          |         |             |                |
| If more than four dependents, see instructions and check       Image: transme instructions and che  | Age/Blindnes       | s You:       | : Were born before January 2, 1   | 957          | Are bl             | ind S        | pouse    | : 🗌 Was                     | s bor  | n befor |              |          |         |             | -              |
| If more       1       Of this half b       1       Of this half b       0       0         Item four       dependents, see instructions and check       1       79,724.       1       79,724.         Attach       2a       Tax-exempt interest       1       79,724.       2b       2b         Attach       2a       Qualified dividends       3a       b       Taxable interest       2b         Sch. B if required.       3a       Qualified dividends       3a       b       Ordinary dividends       2b         Standard       4a       IRA distributions       4a       b       Taxable amount       4b         Standard       6a       Social security benefits       6a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       6b         Deduction for       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7.3,000.         8       Other income from Schedule 1, line 10       10       10       10         Joint diffied fuigning       Wadvingting       11       76,724.       10         Joint diffied duistnest income from Schedule 1, line 26       10 <td< td=""><td>Dependent</td><td></td><td></td><td></td><td>(2) S</td><td></td><td>rity</td><td></td><td></td><td>ip</td><td></td><td></td><td>1</td><td></td><td></td></td<>   | Dependent          |              |   |              | (2) S              |              | rity     |                             |        | ip      |              |          | 1       |             |                |
| dependents, see instructions       Image: Construction of the second secon  |                    | <b>(1)</b> F | irst name Last name   |              |                    | number       |          |                             |        |         | Child tax c  | redit    | Cre     | dit for oth | er dependents  |
| see instructions       Image: see instructions       Image: see instructions       Image: see instructions         Attach       2a       Image: see instructions       Image: see instructions       Image: see instructions         Attach       2a       Tax-exempt interest       Image: see instructions       <  |                    |              |   |              |                    |              |          |                             |        |         |              |          |         |             |                |
| here       I       Wages, salaries, tips, etc. Attach Form(s) W-2       I       79,724.         Attach       2a       Tax-exempt interest       I       79,724.         Sch. B if       2a       Tax-exempt interest       I       79,724.         Sch. B if       3a       Qualified dividends       I       2b         Sch. B if       a       Qualified dividends       I       3b         required.       4a       IRA distributions       I       4a         5a       Pensions and annuities       5a       b       Taxable amount       I         5a       Pensions and annuities       5a       b       Taxable amount       I       6b         5dadard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       I       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       Imable       Imable <td></td> <td>ıs ——</td> <td></td> <td colspan="2"></td> <td></td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |                    | ıs ——        |   |              |                    |              |          |                             |        |         |              |          |         |             |                |
| Attach       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       79,724.         Attach       2a       b       Tax-exempt interest       2b         Sch. B if       3a       Qualified dividends       3b       2b         Attach       3a       Use of the second se   |                    |              |   |              |                    |              |          |                             |        |         |              |          |         |             |                |
| Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if<br>required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5tandard       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       -3,000.         8       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       76,724.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10       11         9       76,724.       10       Adjustments to income from Schedule 1, line 26       10       11         9       76,724.       10       11       76,724.       10         9       Standard deduction or itemized deduction (see instructions)       12b       11       76,724.   | here 🕨 📋           |              |   |              |                    |              |          |                             |        |         |              |          |         |             |                |
| Sch. B if required.       2a       Taxetextempt interest       2a       2b         Sch. B if required.       3a       Qualified dividends       3a       3b       3b         Gualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       D ordinary dividends       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         • Single or Married filing separately, \$12,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       7       -3,000.         • Married filing jointly or Qualifying widow(er), \$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       10       10         11       76,724.       10       11       76,724.       10         • Married filing yor Qualifying widow(er), \$25,100       12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         • Head of household, \$18,800       t       Add lines 12a and 12b       12a and 12b </td <td>Attach</td> <td><u> </u></td> <td>Wages, salaries, tips, etc. Attach I</td> <td>Form(s) \</td> <td>N-2 .</td> <td>· · ·</td> <td></td> <td></td> <td>•</td> <td>· ·</td> <td></td> <td>·   ·</td> <td>1</td> <td></td> <td>79,724.</td>  | Attach             | <u> </u>     | Wages, salaries, tips, etc. Attach I                                      | Form(s) \    | N-2 .              | · · ·        |          |                             | •      | · ·     |              | ·   ·    | 1       |             | 79,724.        |
| required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       16b       7       -3,000.         8       Other income from Schedule 1, line 10       10       10       8       9       76,724.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10       10         10       Adjustments to income from Schedule 1, line 26       10       11       76,724.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       76,724.         11       76,724.       10       11       76,724.         9       Charitable contributions if you take the standard deduction (see instructions)       12b       11         12a       25,100.       12b   |                    | 2a           | · · –   |              |                    |              | b Ta     | axable int                  | erest  |         |              | · –      |         |             |                |
| 5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-<br>Obcluction for-<br>• Single or<br>Married filing<br>separately,<br>\$12,550       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       •       7       -3,000.         8       Other income from Schedule 1, line 10       •       •       8       •         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       •       9       76,724.         10       Adjustments to income from Schedule 1, line 26       •       10       •       11         9       76,724.       10       •       11       76,724.       10         9       76,724.       10       •       11       76,724.       10         9       Vidow(er),<br>\$25,100       •       12a       25,100.       11       76,724.         •       11       76,724.       10       •       11       76,724.       10         •       12a       Standard deduction or itemized deduction (from Schedule A)       •       12a       25,100.       12c       25,100.         •       •   |                    | <u>3a</u>    |   |              |                    |              |          | <b>b</b> Ordinary dividends |        |         |              |          |         |             |                |
| Standard Deduction for-       6a       Social security benefits   |                    | ) 4a         |   | -            |                    |              | bΤ       | axable arr                  | nount  | t       |              |          |         |             |                |
| Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000.         • Single or<br>Married filing<br>separately,<br>\$12,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       76,724.         • Married filing<br>jointly or<br>Qualifying<br>widow(er),<br>\$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       76,724.       10         • Head of<br>household,<br>\$18,800       5       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         • If you checked<br>any box under<br>Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • Head of<br>household,<br>\$tandard       14       25,100.       14       25,100.         • If you checked<br>any box under<br>Standard       13   |                    | \<br>\       |   |              |                    |              |          |                             |        |         |              |          | -       |             |                |
| <ul> <li>Single or<br/>Married filing<br/>separately,<br/>\$12,550</li> <li>Married filing<br/>jointy or<br/>Qualifying<br/>widow(er),<br/>\$25,100</li> <li>Head of<br/>household,<br/>\$18,800</li> <li>If you checked<br/>any box under<br/>Standard</li> <li>If you checked<br/>any box under<br/>Standard</li> <li>If you checked<br/>any box under<br/>Standard</li> <li>If you checked<br/>any box under<br/>Standard L2 and 12</li> <li>If you checked<br/>any box under<br/>Standard L2 and 13</li> <li>If you checked<br/>any box under<br/>Standard L2 and 14</li> <li>If you checked<br/>any box under<br/>Sta</li></ul> |                    |              | ,   |              |                    |              |          |                             |        | t       |              |          |         |             |                |
| separately, \$12,550       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       76,724.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       Subtract line 10 from line 9. This is your adjusted gross income       .       .       .         12a       Standard deduction or itemized deductions (from Schedule A)       .       .       11       76,724.         • Head of household, \$18,800       12a       Standard deduction or itemized deduction (see instructions)       12a       25,100.       12c       25,100.         • Head of household, \$18,800       c       Add lines 12a and 12b       .       .       .       .       .       .         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       .       <   |                    |              |   |              | required           | d. If not re | quired   | , check he                  | ere    | · ·     | Þl           |          |         |             | -3,000.        |
| \$12,550       9       Add lines 1, 26, 36, 46, 55, 66, 7, and 8. This is your total income       9       76, 724.         • Married filing jointly or Qualifying widow(er), \$25,100       10       Adjustments to income from Schedule 1, line 26       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       76, 724.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25, 100.         • Head of household, \$18,800       •       Add lines 12a and 12b       12b         • If you checked any box under standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       25,100.       14       25,100.       14       25,100.         15       Taxable income       14 from line 14 from line 11 lf zero or less enter -0-       15       51,624   |                    |              |   |              |                    |              |          |                             | •      | · ·     |              |          | -       |             |                |
| iointy or<br>Qualifying<br>widow(er),<br>\$25,100       11       Subtract line 10 from line 9. This is your adjusted gross income       11       76,724.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.       12a         • Head of<br>household,<br>\$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       12c       25,100.         • If you checked<br>any box under<br>Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       25,100.         14       25,100.       14       25,100.       14       25,100.  |                    |              |   |              |                    | our total in | come     |                             | •      | · ·     |              |          |         |             | /6,724.        |
| Qualifying<br>widow(er),<br>\$25,100       11       54,724.         12a       Standard deduction or itemized deductions (from Schedule A)       12a       25,100.         Head of<br>household,<br>\$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b         If you checked<br>any box under<br>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          |              |   |              |                    |              |          |                             | •      | · ·     |              | -        | -       |             |                |
| \$25,100       12a       Standard deduction of itemized deductions (non scriedule A)       12a       23,100         • Head of household, \$18,800       b       Charitable contributions if you take the standard deduction (see instructions)       12b       12b         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12c       25,100         • If you checked any box under Standard       14       Add lines 12c and 13       14       25,100       14         • If you checked any box under Standard       14       25,100       14       25,100       14         • If you checked any box under Standard       14       25,100       14       25,100       14       25,100   | Qualifying         | L            |   |              |                    |              |          |                             | · ·    | · ·     |              |          | 1       | 7           | /6,724.        |
| household,<br>\$18,800       c       Add lines 12a and 12b       12c       25,100         • If you checked<br>any box under<br>Standard<br>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<br>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): <b>1</b> 🗌 881 | 4 <b>2</b> 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 <b>total tax</b> |                     |                  |                  | . 🕨          | 24        | 5,797.                    |
|                                      | 25     | Federal income tax withheld   | from:                 |                     |                  | 1 1              |              |           |                           |
|                                      | а      | Form(s) W-2   |                       |                     |                  | <b>25a</b> 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<br>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.<br>Keep a copy for | Sp     | ouse's signature. If a joint return, <b>k</b>                                   | 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<br>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<br>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 <b>1040</b> (2021)   |