

# IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

|   |  |
|---|--|
| Taxpayer's name<br>BHASKAR YALLANURU      | Social security number<br>377-91-3734          |
| Spouse's name<br>RAMYA KODURU RAGHU KUMAR | Spouse's social security number<br>722-43-8617 |

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

Enter whole dollars only on lines 1 through 5.

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

|   |   |         |
|---|---|---------|
| 1 Adjusted gross income . . . . .   | 1 | 75,851. |
| 2 Total tax . . . . .   | 2 | 5,623.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 11,559. |
| 4 Amount you want refunded to you . . . . .                               | 4 | 8,736.  |
| 5 Amount you owe . . . . .  | 5 |         |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 3 | 7 | 3 | 4 |
|---|---|---|---|---|

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

Enter five digits, but don't enter all zeros

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

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

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 8 | 6 | 1 | 7 |
|---|---|---|---|---|

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

Enter five digits, but don't enter all zeros

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

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

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication — Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |  |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|--|
| 5 | 8 | 7 | 2 | 7 | 8 |  |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|--|

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

|  |                                 |  |
|--|---------------------------------|--|
| Your first name and middle initial<br>BHASKAR  | Last name<br>YALLANURU          | Your social security number<br>377-91-3734     |
| If joint return, spouse's first name and middle initial<br>RAMYA   | Last name<br>KODURU RAGHU KUMAR | Spouse's social security number<br>722-43-8617 |
| Home address (number and street). If you have a P.O. box, see instructions.<br>910 DEERFIELD CROSSING DR |                                 | Apt. no.<br>11309                              |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>ALPHARETTA     |                                 | State<br>GA                                    |
|  |                                 | ZIP code<br>30004                              |
| Foreign country name   | Foreign province/state/county   | Foreign postal code                            |

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

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

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

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

**Dependents** (see instructions):

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

|  |  |                    |                    |
|--|--|--------------------|--------------------|
| Attach Sch. B if required.<br><br><b>Standard Deduction for—</b><br>• Single or Married filing separately, \$12,550<br>• Married filing jointly or Qualifying widow(er), \$25,100<br>• Head of household, \$18,800<br>• If you checked any box under <i>Standard Deduction</i> , see instructions. | <b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  |                    | <b>1</b> 83,089.   |
|  | <b>2a</b> Tax-exempt interest . . . . .  | <b>2a</b>          |                    |
|  | <b>3a</b> Qualified dividends . . . . .  | <b>3a</b>          |                    |
|  | <b>4a</b> IRA distributions . . . . .  | <b>4a</b>          |                    |
|  | <b>5a</b> Pensions and annuities . . . . .   | <b>5a</b>          |                    |
|  | <b>6a</b> Social security benefits . . . . .   | <b>6a</b>          |                    |
|  | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/> |                    | <b>7</b> 22.       |
|  | <b>8</b> Other income from Schedule 1, line 10 . . . . .   |                    | <b>8</b> -7,260.   |
|  | <b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶                                 |                    | <b>9</b> 75,851.   |
|  | <b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .   |                    | <b>10</b>          |
|  | <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶                                    |                    | <b>11</b> 75,851.  |
|  | <b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .  | <b>12a</b> 25,100. |                    |
|  | <b>b</b> Charitable contributions if you take the standard deduction (see instructions)  | <b>12b</b> 600.    |                    |
|  | <b>c</b> Add lines 12a and 12b . . . . .   |                    | <b>12c</b> 25,700. |
|  | <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .  |                    | <b>13</b>          |
| <b>14</b> Add lines 12c and 13 . . . . .   |  | <b>14</b> 25,700.  |                    |
| <b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .   |  | <b>15</b> 50,151.  |                    |

|     |  |     |         |
|-----|--|-----|---------|
| 16  | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> . . .  | 16  | 5,623.  |
| 17  | Amount from Schedule 2, line 3 . . . . .   | 17  |         |
| 18  | Add lines 16 and 17 . . . . .  | 18  | 5,623.  |
| 19  | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 . . . . .   | 19  |         |
| 20  | Amount from Schedule 3, line 8 . . . . .   | 20  |         |
| 21  | Add lines 19 and 20 . . . . .  | 21  |         |
| 22  | Subtract line 21 from line 18. If zero or less, enter -0- . . . . .  | 22  | 5,623.  |
| 23  | Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .   | 23  | 0.      |
| 24  | Add lines 22 and 23. This is your <b>total tax</b> . . . . . ▶   | 24  | 5,623.  |
| 25  | Federal income tax withheld from:  |     |         |
| a   | Form(s) W-2 . . . . .  | 25a | 11,559. |
| b   | Form(s) 1099 . . . . .   | 25b |         |
| c   | Other forms (see instructions) . . . . .   | 25c |         |
| d   | Add lines 25a through 25c . . . . .  | 25d | 11,559. |
| 26  | 2021 estimated tax payments and amount applied from 2020 return . . . . .  | 26  |         |
| 27a | Earned income credit (EIC) . . . . . No  | 27a |         |
|     | Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶ <input type="checkbox"/> |     |         |
| b   | Nontaxable combat pay election . . . . .   | 27b |         |
| c   | Prior year (2019) earned income . . . . .  | 27c |         |
| 28  | Refundable child tax credit or additional child tax credit from Schedule 8812 . . . . .  | 28  |         |
| 29  | American opportunity credit from Form 8863, line 8 . . . . .   | 29  |         |
| 30  | Recovery rebate credit. See instructions . . . . .   | 30  | 2,800.  |
| 31  | Amount from Schedule 3, line 15 . . . . .  | 31  |         |
| 32  | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b> ▶   | 32  | 2,800.  |
| 33  | Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . . ▶  | 33  | 14,359. |
| 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .   | 34  | 8,736.  |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . ▶ <input type="checkbox"/>  | 35a | 8,736.  |
| b   | Routing number 3 2 2 2 7 1 6 2 7 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |     |         |
| d   | Account number 5 5 2 1 2 0 2 5 0 . . . . .   |     |         |
| 36  | Amount of line 34 you want <b>applied to your 2022 estimated tax</b> . . . ▶   | 36  |         |
| 37  | <b>Amount you owe.</b> Subtract line 33 from line 24. For details on how to pay, see instructions . . . ▶  | 37  |         |
| 38  | Estimated tax penalty (see instructions) . . . . . ▶   | 38  |         |

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

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

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

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

Sign Here

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

Joint return? See instructions. Keep a copy for your records.

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

Phone no. (510) 610-3841 Email address BHASKARYALLANURU@GMAIL.COM

Paid Preparer Use Only

|                                   |  |            |           |  |
|-----------------------------------|--|------------|-----------|--|
| Preparer's name                   | Preparer's signature                                   | Date       | PTIN      | Check if: <input type="checkbox"/> Self-employed |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM                      | 02/22/2022 | P02082703 |  |
| Firm's name ▶ GLOBAL TAXES LLC    | Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 |            |           | Phone no. (678) 965-9522                         |
|                                   |  |            |           | Firm's EIN ▶ 30-1017196                          |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
BHASKAR YALLANURU & RAMYA KODURU RAGHU KUMAR

Your social security number  
377-91-3734

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -7,260. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income:   |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )     |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b> |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )     |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b> |         |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b> |         |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b> |         |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b> |         |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b> |         |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b> |         |
| <b>k</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8k</b> |         |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b> |         |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b> |         |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b> |         |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b> |         |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b> |         |
| <b>z</b>  | Other income. List type and amount ▶ _____  | <b>8z</b> |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   | <b>10</b> | -7,260. |

**Part II Adjustments to Income**

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

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

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

|   |  |
|---|--|
| Name(s) shown on return<br>BHASKAR YALLANURU & RAMYA KODURU RAGHU KUMAR | Your social security number<br>377-91-3734 |
|---|--|

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

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 8.                               | 4.                              |   | 4.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  | 847.                             | 829.                            |   | 18.   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> (            )   |
| <b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | 22.   |

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> (            )  |
| <b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b>   |



**Part III Summary**

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

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return: BHASKAR YALLANURU & RAMYA KODURU RAGHU KUMAR Social security number or taxpayer identification number: 377-91-3734

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

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

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

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

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

| 1  | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |                                | (h)<br>Gain or (loss).<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|--|---|--|--|--|--|--------------------------------|---|
|  |  |   |  |  |  | (f)<br>Code(s) from<br>instructions  | (g)<br>Amount of<br>adjustment |   |
|  | ROBINHOOD SECURITIES LLC                                     | 02/20/21                                | 04/15/21   | 8.   | 4.   |  |                                | 4.  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ► |  |   |  |  | 8.   | 4.   |                                | 4.  |

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





**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **13**

Name(s) shown on return

BHASKAR YALLANURU & RAMYA KODURU RAGHU KUMAR

Your social security number

377-91-3734

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

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

**1a** Physical address of each property (street, city, state, ZIP code)  
**A** D.NO: 4/754-M, SWAPNA STREET YERRAGUNTLA KADAPA (DIST) ANDHRA PRADESH IN 516309  
**B**  
**C**

| <b>1b</b> | Type of Property (from list below) | <b>2</b>  | Fair Rental Days | Personal Use Days | QJV                      |
|-----------|------------------------------------|---|------------------|-------------------|--------------------------|
| <b>A</b>  | 3                                  | For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | <b>A</b> 364     | 0                 | <input type="checkbox"/> |
| <b>B</b>  |                                    |   | <b>B</b>         |                   | <input type="checkbox"/> |
| <b>C</b>  |                                    |   | <b>C</b>         |                   | <input type="checkbox"/> |

**Type of Property:**

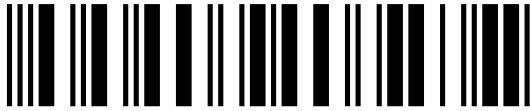
- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

| <b>Income:</b>  | <b>Properties:</b> | <b>A</b>   | <b>B</b> | <b>C</b> |
|---|--------------------|------------|----------|----------|
| <b>3</b> Rents received . . . . .   | <b>3</b>           | 600.       |          |          |
| <b>4</b> Royalties received . . . . .   | <b>4</b>           |            |          |          |
| <b>Expenses:</b>  |                    |            |          |          |
| <b>5</b> Advertising . . . . .  | <b>5</b>           |            |          |          |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>           | 230.       |          |          |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b>           | 600.       |          |          |
| <b>8</b> Commissions . . . . .  | <b>8</b>           |            |          |          |
| <b>9</b> Insurance . . . . .  | <b>9</b>           |            |          |          |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>          |            |          |          |
| <b>11</b> Management fees . . . . .   | <b>11</b>          | 1,100.     |          |          |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>          |            |          |          |
| <b>13</b> Other interest . . . . .  | <b>13</b>          |            |          |          |
| <b>14</b> Repairs . . . . .   | <b>14</b>          | 2,750.     |          |          |
| <b>15</b> Supplies . . . . .  | <b>15</b>          | 1,980.     |          |          |
| <b>16</b> Taxes . . . . .   | <b>16</b>          |            |          |          |
| <b>17</b> Utilities . . . . .   | <b>17</b>          | 1,200.     |          |          |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>          |            |          |          |
| <b>19</b> Other (list) ▶ . . . . .  | <b>19</b>          |            |          |          |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>          | 7,860.     |          |          |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .   | <b>21</b>          | -7,260.    |          |          |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .  | <b>22</b>          | ( 7,260. ) | ( )      | ( )      |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b>         |            | 600.     |          |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>         |            |          |          |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>         |            |          |          |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>         |            |          |          |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b>         |            | 7,860.   |          |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .   | <b>24</b>          |            |          |          |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>          | ( 7,260. ) |          |          |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>          |            |          | -7,260.  |

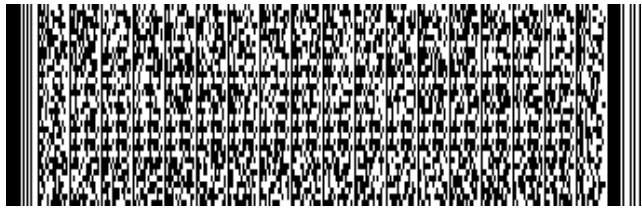
For Paperwork Reduction Act Notice, see the separate instructions.

NPA -7,260.

Schedule E (Form 1040) 2021



2200411513



**Georgia Form 500** (Rev. 08/02/21)

Individual Income Tax Return

Georgia Department of Revenue

**2021** (Approved software version)

**Page 1**

Fiscal Year  
Beginning

STATE GA  
ISSUED

Fiscal Year  
Ending

YOUR DRIVER'S  
LICENSE/STATE ID

061581934

YOUR FIRST NAME

1. BHASKAR

MI

YOUR SOCIAL SECURITY NUMBER

377-91-3734

LAST NAME (For Name Change See IT-511 Tax Booklet)

YALLANURU

SUFFIX

SPOUSE'S FIRST NAME

RAMYA

MI

SPOUSE'S SOCIAL SECURITY NUMBER

722-43-8617

LAST NAME

KODURU RAGHU KUMAR

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)

CHECK IF ADDRESS HAS CHANGED

2. 910 DEERFIELD CROSSING DR

APT NO 11309

CITY (Please insert a space if the city has multiple names)

3. ALPHARETTA

STATE

GA

ZIP CODE

30004

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... **4. 1**

Residency Status

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT

TO

3. NONRESIDENT

**Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.**

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... **5. B**

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself  6b. Spouse  6c. **2**

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... **7a.**

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

REV 01/31/22 PRO



2200411523

**YOUR SOCIAL SECURITY NUMBER**  
377-91-3734

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

|                               |                            |
|-------------------------------|----------------------------|
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |

**INCOME COMPUTATIONS**

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

|   |      |       |
|---|------|-------|
| 8. Federal adjusted gross income (From Federal Form 1040).....  | 8.   | 75851 |
| <b>(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.</b> |      |       |
| 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) .....  | 9.   |       |
| 10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....   | 10.  | 75851 |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....   | 11a. | 6000  |
| <b>(See IT-511 Tax Booklet)</b>   |      |       |
| b. Self: 65 or over?      Blind?      Total      x 1,300=.....  | 11b. |       |
| Spouse: 65 or over?      Blind?   |      |       |
| c. Total Standard Deduction (Line 11a + Line 11b).....  | 11c. | 6000  |
| <b>Use EITHER Line 11c OR Line 12c (Do not write on both lines)</b>   |      |       |
| 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.  |      |       |
| a. Federal Itemized Deductions (Schedule A- Form 1040).....   | 12a. |       |
| b. Less adjustments: (See IT-511 Tax Booklet) .....   | 12b. |       |
| c. Georgia Total Itemized Deductions.....   | 12c. |       |
| 13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....   | 13.  | 69851 |



2200411533

**YOUR SOCIAL SECURITY NUMBER**  
 377-91-3734

|  |                |       |
|--|----------------|-------|
| 14a. Enter the number from Line 6c. <b>2</b> Multiply by \$2,700 for filing status A or D<br>or multiply by \$3,700 for filing status B or C           | 14a.           | 7400  |
| 14b. Enter the number from Line 7a. Multiply by \$3,000.....   | 14b.           |       |
| 14c. Add Lines 14a. and 14b. Enter total .....   | 14c.           | 7400  |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....  | 15a.           | 62451 |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after<br>applying the 80% limitation, see IT-511 Tax Booklet for more information).... | 15b.           |       |
| 15c. Georgia Taxable Income (Line 15a less Line 15b).....  | 15c.           | 62451 |
| 16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet) .....   | 16.            | 3356  |
| 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. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed<br/>electronically)</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.            | 3356  |

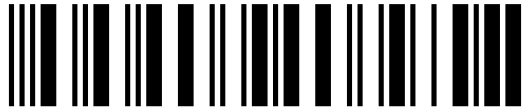
**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter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

| (INCOME STATEMENT A)  |       |       | (INCOME STATEMENT B)                              |       |       | (INCOME STATEMENT C)                              |       |       |
|---|-------|-------|---|-------|-------|---|-------|-------|
| 1. WITHHOLDING TYPE:  |       |       | 1. WITHHOLDING TYPE:                              |       |       | 1. WITHHOLDING TYPE:                              |       |       |
| <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> SSN |       |       | 2. EMPLOYER/PAYER FEDERAL<br>ID NUMBER (FEIN) SSN |       |       | 2. EMPLOYER/PAYER FEDERAL<br>ID NUMBER (FEIN) SSN |       |       |
| 223363855   |       |       |   |       |       |   |       |       |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID  |       |       | 3. EMPLOYER/PAYER STATE WITHHOLDING ID            |       |       | 3. EMPLOYER/PAYER STATE WITHHOLDING ID            |       |       |
| 34228940H   |       |       |   |       |       |   |       |       |
| 4. GA WAGES / INCOME  |       |       | 4. GA WAGES / INCOME                              |       |       | 4. GA WAGES / INCOME                              |       |       |
| 83089   |       |       |   |       |       |   |       |       |
| 5. GA TAX WITHHELD  |       |       | 5. GA TAX WITHHELD                                |       |       | 5. GA TAX WITHHELD                                |       |       |
| 4359  |       |       |   |       |       |   |       |       |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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

REV 01/31/22 PRO



2200411543

**YOUR SOCIAL SECURITY NUMBER**  
 377-91-3734

**Page 4**

**(INCOME STATEMENT D)**

1. WITHHOLDING TYPE:  
     W-2      G2-A      G2-LP  
     1099      G2-FL      G2-RP
2. EMPLOYER/PAYER FEDERAL  
    ID NUMBER (FEIN)      SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

**(INCOME STATEMENT E)**

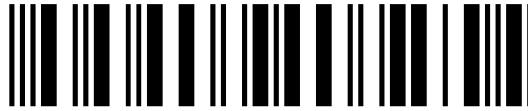
1. WITHHOLDING TYPE:  
     W-2      G2-A      G2-LP  
     1099      G2-FL      G2-RP
2. EMPLOYER/PAYER FEDERAL  
    ID NUMBER (FEIN)      SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

**(INCOME STATEMENT F)**

1. WITHHOLDING TYPE:  
     W-2      G2-A      G2-LP  
     1099      G2-FL      G2-RP
2. EMPLOYER/PAYER FEDERAL  
    ID NUMBER (FEIN)      SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

|  |     |      |
|--|-----|------|
| 23. Georgia Income Tax Withheld on Wages and 1099s .....                                     | 23. | 4359 |
| (Enter Tax Withheld Only and include W-2s and/or 1099s)                                      |     |      |
| 24. Other Georgia Income Tax Withheld.....   | 24. |      |
| (Must include G2-A, G2-FL, G2-LP and/or G2-RP)   |     |      |
| 25. Estimated Tax paid for 2021 and Form IT-560 .....  | 25. |      |
| 26. Schedule 2B Refundable Tax Credits.....  | 26. |      |
| (Cannot be claimed unless filed electronically)  |     |      |
| 27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....                              | 27. | 4359 |
| 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter<br>balance due.....  | 28. |      |
| 29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter<br>overpayment ..... | 29. | 1003 |
| 30. Amount to be credited to 2022 ESTIMATED TAX .....  | 30. | 0    |
| 31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....                    | 31. |      |
| 32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....                 | 32. |      |
| 33. Georgia Cancer Research Fund (No gift of less than \$1.00) .....                         | 33. |      |
| 34. Georgia Land Conservation Program (No 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 less than \$1.00).....                          | 36. |      |
| 37. Saving the Cure Fund (No gift of less than \$1.00).....                                  | 37. |      |
| 38. Realizing Educational Achievement Can Happen (REACH) Program .....                       | 38. |      |
| (No gift of less than \$1.00)  |     |      |





2200411553

**YOUR SOCIAL SECURITY NUMBER**  
377-91-3734

**Page 5**

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
- 41. (If you owe) Add Lines 28, 31 thru 40 41.  
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE..**

Amount Due Mail To:  
GEORGIA DEPARTMENT OF REVENUE  
PROCESSING CENTER, PO BOX 740399  
ATLANTA, GA 30374-0399

- 42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29  
**THIS IS YOUR REFUND**..... 42. 1003  
**If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.**

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking  Savings  
Routing Number 322271627  
Account Number 552120250

Refund Due Mail To:  
GEORGIA DEPARTMENT OF REVENUE  
PROCESSING CENTER, PO BOX 740380  
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.**  
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number  
510-610-3841

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Signature of Preparer  
Name of Preparer Other Than Taxpayer  
SYAM PRIYA RAM SAGAR GUPT

Preparer's Phone Number  
678-965-9522

Preparer's FEIN  
30-1017196

Preparer's Firm Name  
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN  
P02082703