#### 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 secur	ity number
SRINIVASA RAO ABBURI	885-65	-1186
Spouse's name	Spouse's so	cial security number
SREELATHA ABBURI	328-21	-3078
Part I Tax Return Information – Tax Year Ending December 31, 2021 (	Enter year you a	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		1 84,000.
<b>2</b> Total tax		<b>2</b> 5,673.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 5,827.
4 Amount you want refunded to you		<b>4</b> 154.
<b>5</b> Amount you owe		5

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

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

		-		EBO firm name	0 ,	Ēr
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
						15

5	1	1	8	6	
Ent dor	er fiv n't er	/e di nter a	gits, all ze	but ros	as my

7

8

as mv

3

0

Enter five digits, but don't enter all zeros

1

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.

Your signature

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

X lauthorize GLOBAL TAXES LLC 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 🕨	
	Returns Only—continue below	
Part III Certification and Authentication – Practition	er PIN Method Only	
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-	digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9	

I certify 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 ►	
	n This Form — See Instructions to the IRS Unless Requested To Do So	
		Fame 9970 (Days 01 0001)

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

to enter or generate my PIN

<b>1040</b>		artment of the Treasury—Internal Revenue Ser S. Individual Income Ta		(99) <b>Jrn</b>	20	21	OMB No. 15	45-007	4 IRS Us	se Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly [ u checked the MFS box, enter the ion is a child but not your depender	name of y	-			)  Head Head Head Head						
Your first name	e and mi	ddle initial	Last na	me							Your so	cial securi	ty number
SRINIVA	SA RA	AO	ABBU	RI							885-	65-118	6
If joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number
SREELAT	HA		ABBU	RI							328-	21-307	8
Home address	(numbe	er and street). If you have a P.O. box, se	e instructio	ons.					Apt. no.		Preside	ntial Electi	on Campaign
19 BETH	PAGE	DR										here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also c	omplete s	paces bel	low.	Sta	ate	ZIP	code		•		ntly, want \$3 Checking a
MECHANI	CSBUI	RG				P.	A	17	7050		0	ow will not	•
Foreign countr	y name		F	oreign pr	rovince/sta	ate/cour	nty	Fore	eign postal	code	your tax	k or refund.	
												You	Spouse
At any time du	uring 20	021, did you receive, sell, exchange	e, or othe	rwise dis	spose of	any fin	ancial interes	st in an	y virtual	curre	ncy?	Yes	X No
Standard Deduction	_	eone can claim:  You as a de Spouse itemizes on a separate retu	•				a dependen n	ıt					
Age/Blindnes	s You:	Were born before January 2,	1957 🗌	Are bl	lind s	Spouse	e: 🗌 Was b	oorn be	fore Jan	uary 2	2, 1957	🗌 ls bl	ind
Dependent	<b>s</b> (see	instructions):		(2) S	Social secu	urity	(3) Relation		(4)	🖌 if q	qualifies for (see instructions):		
If more	<b>(1)</b> F	(1) First name Last name		number			to you		Child	tax ci	redit	Credit for ot	her dependents
than four	MOKS	HAGNA SRIVATSA ABBURI		962-90-4946			Son						×
dependents, see instruction	s <u>VE</u>	DSAI ABBURI		962-90-49		966	66 Son						×
and check													
here 🕨 📋													
Attack	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2 .				· ·			. 1		84,000.
Attach Sch. B if	2a	Tax-exempt interest	2a			b 1	Faxable inter	est			. <b>2</b> b	)	
required.	<u>3a</u>	Qualified dividends	3a			<b>b</b> (	Ordinary divid	dends			. <b>3</b> b	)	
·	4a	IRA distributions	4a			b 1	Faxable amo	unt.			. 4b	)	
	5a	Pensions and annuities	5a				Faxable amo				. 5b		
Standard Deduction for –	6a	Social security benefits	6a				Faxable amo			• _	. 6b		
Single or	7	Capital gain or (loss). Attach Sche		required	d. If not r	equirec	d, check here				_ 7		
Married filing separately,	8	Other income from Schedule 1, lin									. 8		
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		-	our <b>total i</b>	ncome	•				▶ 9		84,000.
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income from Sche				• •		· ·		•	. 10		
Qualifying	11	Subtract line 10 from line 9. This					· · ·	•••			► <u>11</u>	-	84,000.
widow(er), \$25,100	12a	Standard deduction or itemized				,	-	12a	25	,10	5.		
<ul> <li>Head of household,</li> </ul>	b	Charitable contributions if you take					ructions)	12b			_		
\$18,800	c	Add lines 12a and 12b						· ·		·	. 120		25,100.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduc								•	. 13		05 100
Standard Deduction,	14	Add lines 12c and 13								·	. 14	-	<u>25,100.</u>
see instructions.	15	Taxable income. Subtract line 14	4 from lin	e 11. lf z	zero or le	ss, ente	er-U			•	. 15		58,900.

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

Form **1040** (2021)

Form 1040 (202	1)									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	6,6	73.
	17	Amount from Schedule 2, lir	ne3					17		
	18	Add lines 16 and 17						18	6,6	73.
	19	Nonrefundable child tax cre	dit or credit for c	other depender	nts from Schedul	e8812		19	1,0	00.
	20	Amount from Schedule 3, lir	ne8					20		
	21	Add lines 19 and 20						21		00.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,6	73.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				. 🕨	24	5,6	73.
	25	Federal income tax withheld				1 1				
	а	Form(s) W-2					5,827.			
	b	Form(s) 1099				25b		_		
	С	Other forms (see instruction	,			25c				
	d	Add lines 25a through 25c						25d	5,8	27.
If you have a	26	2021 estimated tax paymen			37	1 1		26		
qualifying child, attach Sch. EIC. [	27a	Earned income credit (EIC)				27a		_		
		Check here if you were I January 2, 2004, and you								
		taxpayers who are at least a								
	b	Nontaxable combat pay ele	-	1 1	_					
	с	Prior year (2019) earned inco	ome	. 27c						
	28	Refundable child tax credit of	r additional child	tax credit from	Schedule 8812	28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cree	dits 🕨	32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments			. 🕨	33	5,8	27.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	int you <b>overpaid</b>		34	1	54.
	35a	Amount of line 34 you want			3 is attached, che	eck here		35a	1	54.
Direct deposit?	►b	Routing number 1 1 1			, ji 🗆	Checking	Savings			
See instructions.	►d	Account number 5 8 6	0 3 6 0	3 3 3 3	1 6					
	36	Amount of line 34 you want				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	nstructions) .		🕨	38				
Third Party		you want to allow another	•							
Designee		structions					•		X No	
		signee's ne ►		Phone no.			onal ident ber (PIN)			
Sign		der penalties of perjury, I declare	hat I have examine		accompanying scl				t of my knowled	dae and
Sign		ief, they are true, correct, and corr								
Here	Yo	ur signature		Date	Your occupation				nt you an Identity	у
									IN, enter it here	
Joint return? See instructions.					SOFTWARE		`	inst.) ►		
Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupa	tion			nt your spouse a ection PIN, enter	
your records.					HOME MAKE	R		inst.) 🕨		
	Ph	one no.		Email address		01@GMAIL.CO	M			
Detal		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 02/03/2022	P0208	2703	Self-emplo	oyed
Preparer		m's name ► GLOBAL TA				1			678)965-9	
Use Only		m's address ► 2530 Pebb		n Cummin	g GA 30041			n's EIN ▶		
Go to www.irs.g		n1040 for instructions and the late			BAA	REV 01/31/22 PRO			Form <b>104</b>	
0										

### SCHEDULE 8812 (Form 1040)

# **Credits for Qualifying Children** and Other Dependents



OMB No. 1545-0074

2 1

20 Attachment Sequence No. 47

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Internal Revenue Service (99) Ē

Department of the Treasury

Name(s) shown on return	Your so	cial sec	urity number
SRINIVASA RAO & SREELATHA ABBURI	885-	65-1	186
Part I-A Child Tax Credit and Credit for Other Dependents			
1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	84,000.
2a    Enter income from Puerto Rico that you excluded			
<b>b</b> Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c Enter the amount from line 15 of your Form 4563			
<b>d</b> Add lines 2a through 2c	2	2d	0.
<b>3</b> Add lines 1 and 2d		3	84,000.
<b>4a</b> Number of qualifying children under age 18 with the required social security number <b>4a</b>	0.		
b Number of children included on line 4a who were under age 6 at the end of 2021 4b	0.		
<b>c</b> Subtract line 4b from line 4a	0.		
5 If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0		5	
6Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number6	2.		
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. realien. Also, do not include anyone you included on line 4a.	esident		
7 Multiply line 6 by \$500	[	7	1,000.
8 Add lines 5 and 7		8	1,000.
9 Enter the amount shown below for your filing status.			
• Married filing jointly—\$400,000			
• All other filing statuses— $200,000$		9	400,000.
<b>10</b> Subtract line 9 from line 3.			
• If zero or less, enter -0			
• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	1	10	0.
11         Multiply line 10 by 5% (0.05)         . <th< th=""><td></td><td>11</td><td>0.</td></th<>		11	0.
<b>12</b> Subtract line 11 from line 8. If zero or less, enter -0	1	12	1,000.
13 Check all the boxes that apply to you (or your spouse if married filing jointly).			
A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United			
for more than half of 2021			
<b>B</b> Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 20	21		
Part I-B Filers Who Check a Box on Line 13			
Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.			
<b>14a</b> Enter the smaller of line 7 or line 12		4a	1,000.
<b>b</b> Subtract line 14a from line 12		4b	0.
c If line 14a is zero, enter -0-; otherwise, enter the amount from the <b>Credit Limit Worksheet A</b>		14c	6,673.
<b>d</b> Enter the smaller of line 14a or line 14c $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$		4d	1,000.
$\mathbf{e}$ Add lines 14b and 14d		l4e	1,000.
<b>f</b> Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) re			
for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, s instructions before entering an amount on this line. If you didn't receive any advance child tax credit pay			
for 2021, enter -0		l4f	0.
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spo			
filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
g Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	1	l4g	1,000.
h Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount of			
19 of your Form 1040, 1040-SR, or 1040-NR	1	4h	1,000.
i Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line	28 of		
your Form 1040, 1040-SR, or 1040-NR	1	14i	0.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/31/22 PRO Schedule 8812 (Form 1040) 2021

Part Col       Filers Who Do Not Check a Box on Line 13         Caturbur: If you checked a box on line 13, do not complete Part 1C.       Is         Finer the amount from the Credit Linth Worksheet A       Is         Is       Finer the amount from the Credit Linth Worksheet A       Is         Additional child us credit. Complete Parts ILA through ILC if you meet each of the following items.       Is         I. You are not filing Form 2535.       I. Line (a) is more than ine 15a.       Is         C       If you completed Parts ILA through ILC, enter the amount from line 27; otherwise, enter -0.       Is         I d Add lines 15b and 15c       Is       Is         C audiou: If the amount on this line devent' match the aggregate amounts reported to you (and your spouse if filing jointy) or our Laterty of 4019, for the amount to include on this Ind. If you are missing Letter 610 see the filing in the 15 for line 150. If zero or less, enter -0 on lines 150 through 15h and go to Part III.       Isf         If the inter 15e form line 150. If zero or less, enter -0 on lines 150 through 15h and go to Part III.       Isf         If the inter 15e form line 150. If zero or less, enter -0 on lines 150 through 15h and go to Part III.       Isf         If the inter 15e form line 150. This is your additional child tax credit for other 15g.       Isf         Part II-A Additional Child Tax Credit (use only II for orpiteling Part I-C.)       Isf         Caturbar: If you checked ab xon infier 13, do not complet Parts I-	Schedu	le 8812 (Form 1040) 2021	Page <b>2</b>
15s       Enter the amount form the Credit Link Worksheet A       15s         b       Hear the amilter of line 120 or line 15a       15b         c       Middlined child tax credit. Complete Parts II-A through II-C if you meet each of the following items.       1. You are not filing from 255.         2. Line 4 is more than zero.       3. Line 12 is more than zero.       15c         d       Add lines 15b and 15c       15c         c       The anount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021, enter 4b       15c         d       Add lines 15b and 15c       15c       15c         Cantion: If the anount on this line deest't match the aggregate announts reported to you (and your spouse if filing jointly) on your Letter(s) 6449, the processing of your return will be delayed.       15c         f       Subtract line 15s form line 157. This is your noarefundable child tax credit advance child tax credit.       15c         delayed and the 15d and 15c       15c       15c       15c         delayed and your you start 15d and 15d and and credit on an line 23d your term 16d and 16d averdit.       15c         dela	Part	I-C Filers Who Do Not Check a Box on Line 13	
b       Enter the smaller of line 12 or line 15 a       15b         Additional child ta cercif: Complete Pars II-A through II-C if you meet each of the following items.       1         1. Yea are not filing Yorm 2555.       2. Line 4 als more than line 15a.       15c         2. Line 4 als more than line 15a.       15c       15d         3. Line 12 is more than line 15a.       15d       15d         c       If you completed Pars II-A through II-C, enter the amount from line 27; otherwise, enter -0.       15d         d       Add lines 15b and 15c.       15d       15d         c       Inter the aggregate amount of advance child tax credit typorments you (and your spouse if filing jointly) received for 2021. See your Letter(5) 6419. for the account will be clayed).       15d         Caution: If the anount on this line doesn't match the aggregate amounts reported to you (and your spouse) if filing jointly on your Letter(5) 1649.       15d         g       Inter the sampler of line 15d. If zero or less, enter -0. nines 15f through 15h and go to Part III       15g         g       Inter the sampler of line 15d. This sory or arcertand credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-SR.       15g         Starts It line 555, do not complete Parts II-A through II-C.; you cannot claim the additional child tax credit.       15g         Cautions: If you eletchard bao on the 3d on enter of this 27       16a       16a      <	Cautio	on: If you checked a box on line 13, do not complete Part I-C.	
Additional child us credit. Complete Parts II-A through II-C if you meet each of the following items.       1. You are not filing Form 355.         2. Line 4a is more than reco.       3. Line 12 is more than file 15a.       15c         14 you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0.       15c         15d       16d       16d         16d       Add lines 125 and 15c       15d         16d       16d       15c         17d       16d       15c         17d       16d       15c         17d       15d       15d         17d       15d       15d       15d         17d       15d	15a	Enter the amount from the Credit Limit Worksheet A	15a
I. You are not filing Form 2555.     S. Line 12 is more than time 15a.     If you completed Parts II. A through II-C, enter the amount from line 27; otherwise, enter -0.     Add lines 15b and 15c     If you completed Parts II. A through II-C, enter the amount from line 27; otherwise, enter -0.     If add lines 15b and 15c     Cantion: If the amount on this line 1, you did 't receive any advance child tax credit payments you (and your spouse if filing jointly) received the transmitter of 20, enter -0.     Cantion: If the amount on this line 1, you did 't receive any advance child tax credit payments reported to you (and your spouse if filing jointly) received to 490, the transmits in tracking the aggregate amounts reported to you (and your spouse if filing jointly) received to 490, the transmits is of melde name will be deleved.     Subtract line 15f from line 15d. If zero or less, enter -0 on line 15d filing control table child tax credit and credit for other dependents. Eater this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.     Subtract line 15f from line 15f. This is your control child tax credit. Tand credit filing individual child tax credit.     Cantform: If you effect off Tax Credit (use only if completing Part I-C)     Cantform: If you effect off Tax Credit (use only if completing Part I-C)     Cantform: If you effect off Tax Credit (use only if completing Part I-C)     Cantform: If you the form 2555, do not complete Parts I-A horeagh II-C; you cannot claim the additional child tax credit.     Team the result. If zero, skip Parts II-A and II-B and enter -0 on line 27     Subtract line 15f from line 13d. on the complete Parts I-A horeagh II-C; you cannot claim the additional child tax credit.     Team the result. If zero, skip Part II-A and II-B and enter -0 on line 27     Subtract line 15g from line 13d, on the complete Part I-A horeagh II-C; you cannot claim the additional child tax credit.     Team the result. If zero, skip Part II-A and II-B and enter -0 on line 27     Subtract line	b		15b
<ul> <li>2. Line 4 is more flan zero.</li> <li>3. Line 12 is more than line 15a.</li> <li>c If you completed Pars II-A through II-C, enter the amount from line 27; otherwise, enter -0.</li> <li>15c</li> <li>15d</li> <li>15d<!--</td--><td></td><td>Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.</td><td></td></li></ul>		Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.	
a. Line 12 k more than line 15a.       istem 15b and 15c       istem 15b and 15c         c If you completed Pars II-A through II-C, enter the amount from line 27; otherwise, enter -0.       istem 15b and 15c         e Enter the ageregate amount of advance child tax credit payments you (and your spouse) if filing jointly) received in this line. If you didn't receive any advance child tax credit payments for 2021, enter -0.       istem 15b and 15c         Caution: If the amount on this line if you didn't receive any advance child tax credit payments for 2021, enter -0.       istem 25b and 15c         g Fater the smaller of line 15d. If zero reless, enter -0 on lines 15f through 15h and go to Part III       istem 25b and 25c         g Fater the smaller of line 15f. This is your convertinghable child tax credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-SR.       istem 25b and 25c         Part II-A       Additional Child Tax Credit (use only if completing Part I-C)       istem 25b and 15c         Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.       istem 25b and 25c         If Bo subtract line 15f from line 12 for on site Parts II-A and II-B and enter -0- on line 27.       ista         If Bo subtract line 19 korn line 19b your Source and line line 18 korn line 27c       ista         If Bo subtract line 19b form line 15c. Otherwise, skip Part II-A and II-B and enter -0- on line 27c       ista         If Bo subtract line 19b korn line 10b your Source anount from line 17 on		1. You are not filing Form 2555.	
c       if you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0.       15c         d       Add lines ISb and ISc       15d         e       Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received to instruct of 419, see the instructions before entering an amount on this line. If you difuit receive any advance child ats credit payments for 2021, energing an amount on this line. If you difuit receive any advance child ats credit payments for 2021, energing an amount on this line. If you difuit receives any advance child ats credit payments for 2021, energing an amount on this bline. If you difuit receives any advance child ats credit payments for 2021, energing an amount on this line. If you difuit receives any advance child ats credit payments for 2021, energing and the disped.         f       Subtract line 156 for line 150. This is your nonrefundable child tax credit. Enter this amount on line 20 of your Farn 1400, 1404-SR, or 1400-NR.       15t         f       Fart IAS       Additional Child Tax Credit (use only if completing Part I-C)       15t         Caution: If you checked a box on line 13. do not complete Parts II-A through II-C; you cannot chain the additional child tax credit.       16d         16a       17       18a       17         17a       18a       18a       18a         17a       18a       18a       19a         17a       18a       19a       17         17a       18a       19a       19a		2. Line 4a is more than zero.	
d       Add lines 15b and 15c       15d         e       East the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received in a credit aggregate amounts on this line. If you are missing Letter 6419, see the information of the amounts to include on this line. If you are missing Letter 6419, see the information of the amount on this line. If you are missing Letter 6419, see the information of the amount on this line dest in match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.       1sc         f       Buthract line 15b form in 15b. If its is your normer/modable child tax credit and credit for other 15b or line 15f. This is your normer/modable child tax credit and credit for other 15b or line 15f. This is your normer/modable child tax credit. Include the additional child tax credit. If you checked a low on line 13 do not complete Parts II-A through II-C; you cannot chim the additional child tax credit. If you checked a low on line 13 do not complete Parts II-A through II-C; you cannot chim the additional child tax credit. If Is and enter-0 on line 27       16a         6       Subtract line 15b form is 15p arts II-A and II-B and enter-0 on line 27       16a         16       Subtract line 15b form is 12b art 11-A and II-B and enter-0 on line 27       16a         17       There the smaller of line 16 art on line 16b       15a         18       Earned income (see instructions)       18b       19a         19       Is the amount on line 18a. State on line 20.       20         19       Is		<b>3.</b> Line 12 is more than line 15a.	
<ul> <li>e Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) sees the instructions before entering an amount on this line. If you duth't receive any advance child tax credit payments in include on this line. If you are missing Letter 6419, sees the instructions before entering an amount on this line. If you duth 't receive any advance child tax credit payments in factors. He can amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.</li> <li>f Subtract line 156 from line 156. This is your anderfundable child tax credit and credit for other degenednesis. Eather this amount on line 109 or your Form 1040, 1040-SR, receive amount on line 28 of your Form 1040, 1040-SR, receive amount on line 28 of your Form 1040, 1040-SR, receive amount on line 28 of your Form 1040, 1040-SR, receive amount on line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27</li></ul>	с	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0	15c
for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you are missing Letter 6419.       15         Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.       15         g Einter the smaller of line 150 tr izer or tess, enter -0. mines 151 ftrongs in the S15 and go to Part III       157         g Einter the smaller of line 150 tr izer or your additional child tax cerdit. Earler this amount on line 29 of your return will be delayed.       158         g Einter the smaller of line 157. This is your additional child tax cerdit. Earler this amount on line 28 of your porm 1040, 1040-588, or 1040, is 185, and enter 40-588, or 1040-588, or 1	d	Add lines 15b and 15c	15d
instructions before entering an anount on this line. If you didn't receive any advance child tax credit payments       15e         for 2021, enter -0-       instructions before entering an anount on this line. If you didn't receive any advance child tax credit payments       15e         filling jointly on your Lettory (614), the processing of your return will be delayed.       15f       15f         g Enter the smaller of line 15b or line 15f. This is your anorefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, you folden NR.       15g         PartULA       Additional Child Tax Credit (use only if completing Part I-C)       15h         Cantions: If you checked a box on line 12. If zero, skip Parts II-A anog HI-C; you cannot claim the additional child tax credit.       16a         Number of qualifying children uoter 18 with the require local cial security number:       x \$1,400.       16a         Nomkor of qualifying children uoter 18 with the require local cial security number:       x \$1,400.       16a         No maker of qualifying children uoter 18 with the require local cial security number:       x \$1,400.       17         18a       Enter the smaller of line 16 ta or line 16b       17         19       Is the amount on line 18a. Enter the result       19         20       Multiply the amount on line 18a. Enter the result       19         21       Yitheld social security indificant charse fis (0.15) and enter the re	e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received	
for 2021, enter -0.       15e         Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your. Letter(s) 6419, the processing of your return will be delayed.       15f         g Enter the smaller of line 15b or line 157. This is your morefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.       15f         g Enter the smaller of line 157. This is your additional child tax credit. Enter this amount on line 28 of your form 1040, 1040-SR, or 1040-NR.       15h         PartLI=A       Additional Child Tax Credit (use only if completing Part I-C)       Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.         Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.       16a         Number of qualifying children under 18 with the required social security number:       x \$1,400.         Enter the smaller of line 16b       17         IBa       18a         Nontaxable combart pay (see instructions).       18b         ISa       18a         Nontaxable combart pay (see instructions).       18b         ISa       18a moort than 25, 00 rom the amount on line 18b. Size (0.15) and enter the result       19         Vext. On line 16b, is the amount 50. Size (0.15) and enter the result       12         ISa </td <td></td> <td>for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the</td> <td></td>		for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the	
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Zetter(3 6419, the processing of your return will be delayed.       Image: Caution of Caution (Caution (Cautio			150
filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.       Image: Source of the so			150
f       Subtract line 15c from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III       15f         g       Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-88, or 1040-NR.       15g         Part II-A       Additional Child Tax Credit (use only if Completing Part I-C)       15h         Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.       16a         16a       Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27       16a         16a       Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27       16a         16b       Number of children you use for this line is the same as the number of children you use for this line is the same as the number of children you use for this line is the same as the number of children you use for this line is the same as the number of children you use for more?       x \$1,400.         17       There the smaller of line 16a or line 16b.       17         18a       IBa       19         19       Is the amount on line 18a more than \$2,500?       18b         19       Is the amount on line 19 by 15% (0.15) and enter the result       19         20       Multiply the amount on line 17, skip Part II-B and enter the smaller of line 17 on line 27.       10h line 27.			
g       Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR       15g         15g       Subtract line 15g. from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR       15g         PartLI=A       Additional Child Tax Credit (use only if completing Part I-C)       15h         PartLI=A       Additional Child Tax Credit (use only if completing Part I-C)       6a         Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.       6a         16a       Number of qualifying children under 18 with the required social security number:       x \$1,400.         Enter the smaller of line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27       16a         17       18a       17e         18a       17e       16a         19       Is the amount on line 18a more than \$2,500?       18b         19       Is the amount on line 18a more than \$2,500?       19         19       Is the amount on line 19 by 15% (0,15) and enter the result       19         20       Multiply the amount on line 19 by 15% (0,15) and enter the result       19         20       Next. On line 16, is the amount on line 18a. Sther the result       19	£		15f
dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-SR.       15g         h       Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-SR.       15h         PartILA       Additional Child Tax Credit (use only if completing Part1-C)       15h         Caution: If you checked a box on line 13. do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.       16a         16a       Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27       16a         17       They. The number of children you use for this line is the same as the number of children you used for line 4a.       16         17       Enter the smaller of line 16a or line 16b       17         18a       Earned income (see instructions)       18b       17         19       Is the amount on line 18a more than \$2,500?       18a       17         19       Is the amount on line 18a more than \$2,500?       19       19       18a       20         Next. On line 16b, it the amount \$2,000 or more?       19       19       19       19       19       10       10         20       Next. On line 17b, it the amount \$1,00 or more?       19       10       10       10         21       Utility the amount on line 19, the wore three sult <t< td=""><td></td><td></td><td>151</td></t<>			151
h       Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your form 1040, 1040-SR, or 105-SR, or 1040-SR, or 105-SR,	g		15a
Form 1040, 1040-SR, or 1040-NR       15h         PartII-A       Additional Child Tax Credit (use only if completing Part I-C; you cannot claim the additional child tax credit.         Caution: If you theked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.         Ida       Subtract line 13b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27       16a         Number of qualifying children under 18 with the required social security number:       x \$1,400.         Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27       16b         TIP: The number of children you used for line 4a.       17         Is the amount on line 16a or line 16b       17         Is the amount on line 18a more than \$2,500?       18b         Is the amount on line 18a more than \$2,500?       18b         Is the amount on line 19 by 15% (0.15) and enter the result       19         20       Multiply the amount on line 19 by 15% (0.15) and enter the result       19         20       In 16 10, is the amount \$4,200 or more?       19         Ves. If line 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.       20         Vest. If line 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.       21         21       Yes. If line 20 is equal to or more than line 17, ski			15g
PartII-A       Additional Child Tax Credit (use only if completing Part I-C)         Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.         Idation: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.         Ida Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27       16a         Number of qualifying children under 18 with the required social security number:       x \$1,400.         Enter the smaller of line 16a or line 16b       16b         TIP: The number of children you use for this line is the same as the number of children you used for line 16a       17         Is a tarnet dincome (see instructions).       18b       18a         Is the amount on line 18a more than \$2,500?       18b       19         Is the amount on line 18a more than \$2,500?       19       19       10         Next. On line 16b, is the amount \$2,500?       19       19       10       10         Next. On line 16b, is the amount \$2,500?       19       19       10       10       10         O teave line 19 blank and enter \$-0 on line 20.       19       20       20       20         Next. On line 16b, is the amount \$1,020 or more?       19       20       10       10       10       10       10       10       10<	n	•	15h
Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.         Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.         16a         Interview of the state of the state I-A and II-B and enter -0- on line 27         Note: State of the state and a the and enter -0- on line 27         TIP: The number of children you used for line 16b         TIP: The number of children you used for line 16b         18a         Earner the smaller of line 16a or line 16b         18a         Is the amount on line 18a more than \$2,500?         No. Leave line 19 blank and enter -0- on line 20.       Yes. Subtract \$2,500 from the amount on line 18a. Enter the result       19         20         Next. On line 16b, is the amount on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 27.         Vers. Subtract \$2,500 from the amount on line 17, skip Part II-B and enter the smaller of line 17 or line 27.         Vers. If line 20 is zero, enter -0- on line 20.         Vers. If line 20 is zero, enter -0- on line 17, skip Part II-B and enter the smaller of line 17 or line 27.         Vers. If line 20 is goal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20	Part		1511
Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.         16a         Description: Complete Parts II-A and II-B and enter -0 on line 27       16a         b Number of qualifying children under 18 with the required social security number:			
16a       Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27       16a         b       Number of qualifying children under 18 with the required social security number:       x \$1,400.         Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27       16a         TIP: The number of children you use for this line is the same as the number of children you used for line 4a.       16b         17       Item amount on line 16a or line 16b       177         18a       Earned income (see instructions)       18b         19       Is the amount on line 18a more than \$2,500?       18a         19       Is the amount on line 18a more than \$2,000 rm more?       19         20       Multiply the amount on line 19 by 15% (0.15) and enter the result       19         20       Next. On line 16b, is the amount \$4,200 or more?       19         20       No. If line 20 is zero, enter -0- on line 15.c. Otherwise, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 21.       20         Part II-B       Certain Filers Who Have Three or More Qualifying Children       21         21       Withheld social security. Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions       21         22			x credit
b       Number of qualifying children under 18 with the required social security number:       x \$1,400.         Enter the result. If zero, skip Parts II-A and II-B and enter -0 on line 27       160         TIP: The number of children you used for hildren you used for line 4a.       17         If Enter the smaller of line 16a or line 16b       17         Is Earned income (see instructions)       18b         b       Nontaxable combat pay (see instructions).       18b         c       18a       17         Is the amount on line 18a more than \$2,500?       18b       19         Jo No. Leave line 19 blank and enter -0 on line 20.       19       20         West. On line 16b, is the amount \$4,200 or more?       19       20         No. If line 20 is zero, enter -0 on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.       20         Vest. Files 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.       21         Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare taxe to ther 1 RRTA taxes, see instructions	-		
Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 160   TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17   Fenter the smaller of line 166 0. 17   18a Earned income (see instructions) 18b   19 Is the amount on line 18a more than \$2,500? 18a   19 No. Leave line 19 blank and enter -0- on line 20. 19   19 No. Leave line 19 blank and enter -0- on line 20. 19   20 Multiply the amount on line 19b y15% (0.15) and enter the result 19   20 Next. On line 16b, is the amount \$4,200 or more? 19   20 No. If line 20 is zero, enter -0- on line 17, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 21.   21 Yes. Subtract \$2,500 Have Three or More Qualifying Children   21 Withheld social security. Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions   22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 13. 23   23 Add lines 21 and 22   24 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.   25 Subtract line 24 from line 23. If zero or less, enter -0   26 Subtract line 24 from line 23. If zero or less, enter -0   27 Enter the smaller of line 17 or line 26 on line 27.   28 Next, enter the smaller of line 17 or line 26 on line 27.   29 Enter the smaller of line 17 or line 26			
TIP: The number of children you use for this line is the same as the number of children you used for line 4a.         17         Bare dincome (see instructions)         18a         Barned income (see instructions)         18a         Is the amount on line 18 a more than \$2,500?          No. Leave line 19 blank and enter -0- on line 20.          Yes. Subtract \$2,500 from the amount on line 18a. Enter the result          Yes. Subtract \$2,500 from the amount on line 18a. Enter the result          Yes. Subtract \$2,500 from the amount \$4,200 or more?          No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.          Otherwise, go to line 21.         Part II-B         Certain Filers Who Have Three or More Qualifying Children         21         Withheld social security. Medicare, and Additional Medicare taxes from Form(s) W-2. Otherwise, skip and the amount from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 13.         12         Subtract files: Enter the total of the amounts from Form 1040 or 1040-SR, line 27.         24         1040 and         10400 and         10400 SR			16b
17 Enter the smaller of line 16a or line 16b 17   18a Earned income (see instructions) 18b   b Nontaxable combat pay (see instructions) 18b   19 Is the amount on line 18a more than \$2,500? 19   20 Multiply the amount on line 19b and enter -0- on line 20. 19   20 Multiply the amount on line 19b 15% (0.15) and enter the result 19   20 Multiply the amount on line 19b 15% (0.15) and enter the result 20   Next. On line 16b, is the amount \$4,200 or more? 19   20 0 no line 27. 20   Yes. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 21.   Part II-B Certain Filers Who Have Three or More Qualifying Childrem 21 Withheld social security. Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tire 1 RRTA taxes, see instructions 22 23 24 24 24 25 26 27 28 28 28 29 20 20 20 20 20 21 22 23 24 24 24 25 26 27 28 28 28 29 20 20 20 20 20 20 21 22 23 24 24 24 25 26 27 28 28 28 29 20 20 20 20 20 20 21 22 23 24 24 24 25 26 27 28 28 28 29 20 20 2		-	
b       Nontaxable combat pay (see instructions).       18b         19       Is the amount on line 18 more than \$2,500?         □       No. Leave line 19 blank and enter -0- on line 20.         □       Yes. Subtract \$2,500 from the amount on line 18a. Enter the result       19         20       Multiply the amount on line 19 by 15% (0.15) and enter the result       19         20       Multiply the amount on line 19 by 15% (0.15) and enter the result       19         20       Next. On line 16b, is the amount \$4,200 or more?       20         □       No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.       20         □       Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.       21         Part II-B       Certain Filers Who Have Three or More Qualifying Children       21         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tire 1 RTA taxes, see instructions       21         22       23       24       22         23       Add lines 21 and 22       23       23         24       1040-SR filers: Enter the total of the amounts from Schedule 2 (Form 1040), line 11.<	17		17
b       Nontaxable combat pay (see instructions).       18b         19       Is the amount on line 18 more than \$2,500?         □       No. Leave line 19 blank and enter -0- on line 20.         □       Yes. Subtract \$2,500 from the amount on line 18a. Enter the result       19         20       Multiply the amount on line 19 by 15% (0.15) and enter the result       19         20       Multiply the amount on line 19 by 15% (0.15) and enter the result       19         20       Next. On line 16b, is the amount \$4,200 or more?       20         □       No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.       20         □       Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.       21         Part II-B       Certain Filers Who Have Three or More Qualifying Children       21         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tire 1 RTA taxes, see instructions       21         22       23       24       22         23       Add lines 21 and 22       23       23         24       1040-SR filers: Enter the total of the amounts from Schedule 2 (Form 1040), line 11.<	18a	Earned income (see instructions)	
19       Is the amount on line 18a more than \$2,500?	b		
□       No. Leave line 19 blank and enter -0- on line 20.       19       19         20       Multiply the amount on line 19 by 15% (0.15) and enter the result	19		
20       Multiply the amount on line 19 by 15% (0.15) and enter the result       20         Next. On line 16b, is the amount \$4,200 or more?       20         No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. Otherwise, go to line 21.       20         Part II-B       Certain Filers Who Have Three or More Qualifying Children       10         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions       21         23       Add lines 21 and 22       21         24       1040, line 5; Schedule 2 (Form 1040), line 16; Schedule 2 (Form 1040), line 13. and Schedule 3 (Form 1040), line 11.       23         25       Subtract line 24 from line 23. If zero or less, enter -0.       25         26       Inter the larger of line 20 or line 25.       26         Next, enter the smaller of line 17 or line 26 on line 27.       26			
20       Multiply the amount on line 19 by 15% (0.15) and enter the result       20         Next. On line 16b, is the amount \$4,200 or more?       20         No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. Otherwise, go to line 21.       20         Part II-B       Certain Filers Who Have Three or More Qualifying Children       10         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions       21         23       Add lines 21 and 22       21         24       1040, line 5; Schedule 2 (Form 1040), line 16; Schedule 2 (Form 1040), line 13. and Schedule 3 (Form 1040), line 11.       23         25       Subtract line 24 from line 23. If zero or less, enter -0.       25         26       Inter the larger of line 20 or line 25.       26         Next, enter the smaller of line 17 or line 26 on line 27.       26		<b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result <b>19</b>	
Next. On line 16b, is the amount \$4,200 or more?         No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.         Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.         Part II-B       Certain Filers Who Have Three or More Qualifying Children         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions         22       Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 15; Schedule 2 (Form 1040), line 13.         23       Add lines 21 and 22         24       1040 and 1040-SR filers: Enter the total of the amounts from Schedule 3 (Form 1040), line 11.         24       1040-NR filers: Enter the total of the amounts from Schedule 3 (Form 1040), line 11.         25       Subtract line 24 from line 23. If zero or less, enter -0-         26       Enter the larger of line 20 or line 25         27       Enter the smaller of line 17 or line 26 on line 27.	20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20
<ul> <li>No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.</li> <li>Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.</li> <li>Part II-B Certain Filers Who Have Three or More Qualifying Children</li> <li>21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions</li></ul>			
20 on line 27.         Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.         Part II-B       Certain Filers Who Have Three or More Qualifying Children         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions         22       Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13         23       Add lines 21 and 22         24       23         24       24         25       Subtract line 24 from line 23. If zero or less, enter -0-         26       Enter the smaller of line 17 or line 26 on line 27.         Part II-C       Additional Child Tax Credit         27       Enter this amount on line 15c		<b>No.</b> If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line	
Otherwise, go to line 21.         Part II-B       Certain Filers Who Have Three or More Qualifying Children         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions       1         22       Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13       21         23       Add lines 21 and 22       23       23         24       1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.       24         25       Subtract line 24 from line 23. If zero or less, enter -0-       25         26       Enter the smaller of line 17 or line 26 on line 27.       26         Part II-C       Additional Child Tax Credit         27       Enter this amount on line 15c       27			
Part II-B       Certain Filers Who Have Three or More Qualifying Children         21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions       21         22       Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 13.       22         23       Add lines 21 and 22       23         24       1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.       23         25       Subtract line 24 from line 23. If zero or less, enter -0-       25         26       Enter the smaller of line 17 or line 26 on line 27.       25         26       Next, enter the smaller of line 17 or line 26 on line 27.       27		<b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.	
21       Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions       21         22       Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 13       22         23       Add lines 21 and 22       23         24       1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.       24         25       Subtract line 24 from line 23. If zero or less, enter -0-       25         26       Enter the smaller of line 17 or line 26 on line 27.       25         27       Enter this amount on line 15c       27		Otherwise, go to line 21.	
boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If   your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see   instructions   instructions   22   Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13   23   Add lines 21 and 22   24   1040 and   1040-SR filers:   Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.   1040-NR filers:   Enter the amount from Schedule 3 (Form 1040), line 11.   25   Subtract line 24 from line 23. If zero or less, enter -0-   Next, enter the smaller of line 17 or line 26 on line 27.   Part II-C   Additional Child Tax Credit   27   Enter this amount on line 15c   27	Part	II-B Certain Filers Who Have Three or More Qualifying Children	
<ul> <li>your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions</li> <li>22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13</li> <li>23 Add lines 21 and 22</li> <li>24 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.</li> <li>24 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.</li> <li>25 Subtract line 24 from line 23. If zero or less, enter -0-</li> <li>26 Enter the larger of line 20 or line 25</li> <li>Next, enter the smaller of line 17 or line 26 on line 27.</li> <li>Part II-C Additional Child Tax Credit</li> <li>27 Enter this amount on line 15c</li> </ul>	21		
instructions       1       21         22       Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 13       21         23       Add lines 21 and 22       23       23         24       1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.       24       24         25       Subtract line 24 from line 23. If zero or less, enter -0-       25       26         26       Enter the larger of line 20 or line 25       26       26         Next, enter the smaller of line 17 or line 26 on line 27.         Part II-C       Additional Child Tax Credit         27       Enter this amount on line 15c       27			
22       Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 13 .       22         23       Add lines 21 and 22			
1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13       22         23       Add lines 21 and 22       23         24       1040 and       23         1040-SR filers:       Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.       24         25       Subtract line 24 from line 23. If zero or less, enter -0-       24         26       Enter the larger of line 20 or line 25       25         26       Next, enter the smaller of line 17 or line 26 on line 27.       26         Part II-C         Additional Child Tax Credit         27       Enter this amount on line 15c       27	22		-
23       Add lines 21 and 22       23       23         24       1040 and 1040-SR filers:       23       23         24       1040-SR filers:       Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.       24         25       Subtract line 24 from line 23. If zero or less, enter -0-       24       24         26       Enter the larger of line 20 or line 25       25         26       Next, enter the smaller of line 17 or line 26 on line 27.       26         Part II-C       Additional Child Tax Credit         27       Enter this amount on line 15c       27	22		
24       1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.       24         25       Subtract line 24 from line 23. If zero or less, enter -0-       24         26       Enter the larger of line 20 or line 25       25         26       Next, enter the smaller of line 17 or line 26 on line 27.       26         Part II-C         Additional Child Tax Credit         27       Enter this amount on line 15c       27	23		-
1040-SR filers:       Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.         1040-NR filers:       Enter the amount from Schedule 3 (Form 1040), line 11.         25       Subtract line 24 from line 23. If zero or less, enter -0			-
and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. 25 Subtract line 24 from line 23. If zero or less, enter -0	27		
1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.       24       25         25       Subtract line 24 from line 23. If zero or less, enter -0			
25       Subtract line 24 from line 23. If zero or less, enter -0-       25         26       Enter the larger of line 20 or line 25       26         Next, enter the smaller of line 17 or line 26 on line 27.         Part II-C       Additional Child Tax Credit         27       Enter this amount on line 15c       27			
26       Enter the larger of line 20 or line 25       26         Next, enter the smaller of line 17 or line 26 on line 27.         Part II-C       Additional Child Tax Credit         27       Enter this amount on line 15c       27	25		25
Next, enter the smaller of line 17 or line 26 on line 27.         Part II-C       Additional Child Tax Credit         27       Enter this amount on line 15c       27			
Part II-C       Additional Child Tax Credit         27       Enter this amount on line 15c       27			· · ·
27         Enter this amount on line 15c         27         27	Part		
			27
			edule 8812 (Form 1040) 2021

Schedu	ile 8812 (Form 1040) 2021	Page <b>3</b>
Par	t III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)	
28a	Enter the amount from line 14f or line 15e, whichever applies	28a
b	Enter the amount from line 14e or line 15d, whichever applies	28b
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line	30
	<b>Caution:</b> If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	
31	Enter the smaller of line 4a or line 30	31
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32
33	Enter the amount shown below for your filing status.	
	• Married filing jointly or Qualifying widow(er)—\$60,000	
	• Head of household—\$50,000	
	• All other filing statuses—\$40,000	33
34	Subtract line 33 from line 3. If zero or less, enter -0	34
35	Enter the amount from line 33	35
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36
37	Multiply line 32 by \$2,000	37
38	Multiply line 37 by line 36	38
39	Subtract line 38 from line 37	39
40	Subtract line 39 from line 29. If zero or less, enter -0 This is your additional tax. If more than zero, enter	
	this amount on Schedule 2 (Form 1040), line 19	40
	BAA REV 01/31/22 PRO Sci	edule 8812 (Form 1040) 2021

	<b>Baid Preparer's Due Diligence Checklist</b> Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and	d	OMB	No. 1545	i-0074
Departm	Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) an Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Sta To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR Revenue Service Go to www.irs.gov/Form8867 for instructions and the latest information	l, or 1040-SS.		nment ence No.	70
		Taxpayer ident	fication n	umber	
	VIVASA RAO & SREELATHA ABBURI	885-65-1			
	eparer's name and PTIN				
SYAN	1 PRIYA RAM SAGAR GUPTA TALLAM	P0208270	)3		
Part	Due Diligence Requirements				
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return a benefit(s) claimed (check all that apply).		e the rel AOTC		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provided by the		Yes	No	N/A
-	or reasonably obtained by you? (See instructions if relying on prior year earned income.)		×		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC// worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 2040 instanctions	8812 (Form			
	1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or worksheet(s) that provides the same information, and all related forms and schedules for claimed?				
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must	do both of	×		
	<ul> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's redetermine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> </ul>	sponses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing the information reasonably known to you, appear to be incorrect, incomplete, or inconsistent answer questions 4a and 4b. If <b>"No,"</b> go to question 5.)	? (If <b>"Yes,"</b>		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inform	ation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include the you asked, whom you asked, when you asked, the information that was provided, and the information had on your preparation of the return.)	impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a capplicable worksheet(s), a record of how, when, and from whom the information used to prove 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provide taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status	copy of any epare Form ded by the			
	the amount(s) of the credit(s)	-	X		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligit credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return return is selected for audit?	n if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous yea		X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)		<u> </u>		
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a co correct Schedule C (Form 1040)?	mplete and			
For Pa	perwork Reduction Act Notice, see separate instructions. REV 01/31/22 PRO		Form <b>88</b>	67 (Rev.	12-2021)

Form 88	367 (Rev. 12-2021)			Page <b>2</b>
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar	X		
	statement to the return?	X		
Part		-	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quature tuition and related expenses for the claimed AOTC?		Yes	No
Part		s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH fili	ng
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instri	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>		·	
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and taxpayer's eligibility for taxpayer's e			
	If you have not complied with all due diligence requirements, you may have to pay a penalty for e comply related to a claim of an applicable credit or HOH filing status (see instructions for more in the second			
45	Device certify that all of the encurring on this Forms 2007 are to the heat of your knowledge two comparisons	•	Vac	No

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	
	REV 01/31/22 PRO Form 886	57 (Rev.	12-2021)

### PA-40 - 2021 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (06-21)

			N	Extension.	Ν	Amended Return.
885621366 328213	078		R	Residency Status	s.	
ABBURI				PA <b>R</b> esident/ <b>N</b> or from	nresident/	Part-Year Resident
SRINIVASA RAO	Occupatio	n SOFTWARE E	J	Single, Married/		bintly,
SREELATHA	Occupatio	M HOME MAKER		Married/Filing S	Separately	y, $\mathbf{F}$ inal Return
			N	Deceased		
ABBURI			N	Taxpayer Date of	f Death	
			N	Spouse Date of I	Death	
l¶ BETHPAGE DR						
MECHANICSBURG	PA	17050	N	Farmers. School District N	Name <u>C L</u>	IMBERLAND VA
		57760	1			
1a Gross Compensation. Do not inclu qualifying retirement benefits. See			and	la		84000
1b Unreimbursed Employee Business	Expenses.			lb		D
1c Net Compensation. Subtract Line	1b from Line 1	a.		lc		84000
		· .		2		
<ol> <li>Interest Income. Complete PA Sch</li> <li>Dividend and Capital Gains Distrib</li> </ol>			equired.	2 3		
4 Net Income or Loss from the Opera	tion of a Busin	ness, Profession or Farm.		4		D
<ul><li>5 Net Gain or Loss from the Sale, En</li><li>6 Net Income or Loss from Rents, R</li></ul>				5		
<ul><li>7 Estate or Trust Income. Complete a</li></ul>				7		
8 Gambling and Lottery Winnings. C				8		ō
9 Total PA Taxable Income. Add o			1c,	9		84000
2, 3, 4, 5, 6, 7 and 8. DO NOT AD	DD any losses r	reported on Lines 4, 5 or 6.				
10 <b>Other Deductions.</b> Enter the appr	*	or the type of deduction.	Ν	70		D
See the instructions for additional Adjusted PA Taxable Income. Su		from Line 9.		77		84000
-	10					
1555 REV 01/24/22 PRO						





PA-40 - 2021

Social Security Number

# 885651186 Name(s) SRINIVASA RAO ABBURI

12 13	<b>PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).</b> Total PA Tax Withheld. See the instructions.	13 15	2579 2579
14 15 16 17 18	Credit from your 2020 PA Income Tax return. 2021 Estimated Installment Payments. REV-459B included. N 2021 Extension Payment. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	14 15 16 17 18	
19a	Forgiveness Credit. Submit PA Schedule SP.Filing Status:01 Unmarried or Separated02 Married03 DeceasedDependents, Section II, Line 2, PA Schedule SPTotal Eligibility Income from Section III, Line 11, PA Schedule SP.Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.	19a 19b 20 21	00 00 0
22 23 24 25 26 27	Resident Credit. Submit your <b>PA Schedule(s) G-L</b> and/or <b>RK-1</b> . Total Other Credits. Submit your <b>PA Schedule OC</b> . <b>TOTAL PAYMENTS and CREDITS.</b> Add Lines 13, 18, 21, 22 and 23. <b>USE TAX.</b> Due on internet, mail order or out-of-state purchases. See instructions. <b>TAX DUE.</b> If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. <b>N</b>	22 23 24 25 26 27	0 0 2579 0 0 0
28 29	<b>TOTAL PAYMENT DUE.</b> See the instructions. <b>OVERPAYMENT.</b> If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	28 29	0
30 31	The total of Lines 30 through 36 must equal Line 29.Refund – Amount of Line 29 you want as a check mailed to you.REFUNDCredit – Amount of Line 29 you want as a credit to your 2022 estimated account.REFUND	31 30	0 0
34 35 36	Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions.	32 33 34 35 36	
	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.		
You	Signature Spouse's Signature, if filing jointly		
SY	arer's Name and Telephone Number Date E-File Op AM PRIYA RAM SAGAR GUPTA TALLAM D20322 39659522 1555 REV 01/24/22 PRO	N	N 301017196 P02082703
	Page 2 of 2		

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PA-8879 (EX) 10-21

Declaration Control Number/Submission ID

Primary Taxpayer's Name	Social Security Number
SRINIVASA RAO ABBURI	885-65-1186
Secondary Taxpayer's Name	Social Security Number
SREELATHA ABBURI	328-21-3078
SECTION I TAX RETURN INFORMATION – TAX	YEAR ENDING DEC. 31, 2021 (whole dollars only)
1. Adjusted PA taxable income (Form PA-40, Line 11)	
2. PA tax liability (Form PA-40, Line 12)	
3. Total PA tax withheld (Form PA-40, Line 13)	
4. Amount to be refunded (Form PA-40, Line 30)	
5. Total payment (tax due) (Form PA-40, Line 28)	
SECTION II DECLARATION AND SIGNATURE A	UTHORIZATION OF TAXPAYER
Under penalties of perjury, I declare that I have examined a copy of	my electronic individual income tax return and accompanying

of my 2021 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

#### PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

 I authorize
 GLOBAL TAXES LLC
 to enter my PIN
 51186
 as my signature on my tax year 2021

 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return.

Signature

SECONDARY TAXPAYER'S PIN Mark one oval only.

 I authorize
 GLOBAL TAXES LLC
 to enter my PIN
 13078
 as my signature on my tax year 2021

 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return.

#### Signature

Date

Date

### SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/P	IN Enter your	six-digit EFIN	followed by you	r five-digit self-	-selected PIN

587278 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2021 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature

Date

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO. Name SRINIVASA RAO ABBURI Social Security Number 885-65-1186

				Federal Form	s W-2		
# of W2	* NT / TX B L	TS	NRH	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID
				WHIZ IT SOLUTIONS INC           26-0482595	<u>84,000.</u> 84,000.	<u>84,000.</u> 2,579.	

Pennsylvania W-2	<b>Taxpayer</b> 84,000.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	2,579.	

Federal Forms W-2: Local Tax

<b>#</b> of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
		T	26-0482595	220401	84,000.	840.	<u>PA</u>

	Taxpayer	Spouse
Pennsylvania Local W-2	84,000.	
Federal Form 4137, Unreported Tips, line 6		
Withholding	840.	

### **Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount
		· · · · · · · · · · · · · · · · · · ·		

	Taxpayer	Spouse
Excess Reimbursements	-	

*	Payer Name			Pay	er EIN	T/S	Code	PA Taxable Comp.	e PA Tax Withheld	Fed. Income
Exe Jur Dire Exp Hol Co Dai Ios	vania Payment type: ecutor fee y duty pay ector's fee pert witness fee norarium venant not to compete mages or settlement fo t wages, other than rsonal injury	r I	I J K L M N O	Descrik Employ Distribu Distribu Distribu Distribu Descrik Fiducia	ver spons ution from ution from ution from ution from be: ry fees fr ncome no	ored re 1RA ( <sup>-</sup> 1 Life Ir 1 Charit 1 Emplo 0 m a ti	tiremer Traditior surance able Gi oyee Sto	nt/pension/de nal or Roth)	ferred comper Endowment C ip Plan.	-
Misce Withh	llaneous Compensation	n fror	n Fo	rm 109	9MISC/1	099K/1	099NE	C.	oayer	Spouse
		Со	mpe	ensatio	on from	Feder	al For	ms 1099R		
*	Payer's EIN Payer's Name	T S	- Fed #	РА Туре	Gro Distrib		E	Basis	PA Taxable	PA Tax Withheld
* E	nter an 'X' if this incom	e is l	Not :	subject	to Penns	sylvania	a tax - F	A Part-Year	and Nonreside	ents Only.
N No 1 PA 1 Uni 2 Mili 3 U.S 1 Ani (inc 1 Eai 2 Rol	vania Distribution typ entry school, state, or munic ited Mine Workers pen- itary pension S. Civil service retireme nuity or Non-civil servic cluding Qual Joint Surv rly distribution from a re llover eligible; plan is eligible	cipal sion ent/di ce dis ivors etiren	sabil abili hip <i>I</i> nent	ity/ann ty Annuity plan	uity	L M1 M2	Trad Trad Non- Life i Distr ESO ESO KSO	itional or Roti itional or Roti qualified defensurance or ibution from ( P: Allocated P: Non-Alloca P: Taxable E	t; plan is eligib h IRA; I'm over h IRA; I'm und erred compens endowment Charitable Gift ESOP Stock D ated ESOP Stock SOP within a e ESOP withir	r 59.5 er 59.5 sation plan Annuities Dividend ock Dividend 401(k)
Distr	ibution from Life Insura ineligible retirement pla ibution from Charitable pensation from Form 1 holding	ans (s Gift 099F	see <sup>-</sup> Ann R (eli	Tax He uities igible re	lp FAQ's	for mo  plans)	re info)	· · ·	Dayer	
				Total	Gross	Comp	ensati	on		

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.