Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

Social accurity number

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

Submission Identification Number (SID)

Taypayar'a nama

Taxpayer's name	Social security number	
GOPINATH RAMAKRISHNAN	090-19-6203	
Spouse's name Spouse's social security number		
KIRUBA PREETHI VIJAYAKUMAR	393-83-0899	
Part I Tax Return Information – Tax Year Ending December 31, 2021 (E	nter year you are authorizing.)	
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income	1 57,478.	
2 Total tax	2 3,161.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · · 3 4,031.	
4 Amount you want refunded to you	· · · · · 4 4,070.	
5 Amount you owe	5	
 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	2 3,161 3 4,031 4 4,070 5	

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

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

Тахрау	er's PIN: che	eck one bo	ox only								
X	I authorize signature or			LLC ERO firm name rn (original or amende	ed) I am now	to enter or authorizing.	generat	e my PIN		five digi enter al	as my
			, 0	ure on the income tax I and your return is fi	(U		PÍN me	thod. The	ERO m		-
Your sig	nature 🕨	\leq	54				Date 🕨	3/8/202	22		
· _	's PIN: chec		-								
X	I authorize signature or			ERO firm name rn (original or amende	ed) I am now	to enter or authorizing.	generat	e my PIN) 8 five digi enter al	as my
				ure on the income tax I and your return is fi							
Spouse	's signature	Fau	centor 7	reath			Date Þ	3/8/20)22		
				titioner PIN Metho				w			
Part II	Certific	ation and	d Authen	tication – Practiti	oner PIN M	lethod Only	y				
ERO's I	EFIN/PIN. En	ter your six	<-digit EFI	N followed by your fiv	ve-digit self-se	elected PIN.	5	8 7 2 Don'	7 8 t enter a	6 1 Ill zeros	3 9
				IN, which is my signatur ofor the taxpayer(s) ind							

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 F Don't Submit This Form to the II			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/17/22 PRO	Form 8879 (Rev. 01-2021)

1040		urtment of the Treasury—Internal Revenue Serv S. Individual Income Tax		⁽⁹⁹⁾ 20	21	OMB No. 1545	-0074	IRS Use (Dnly—	Do not w	rite 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 n on is a child but not your dependen	name of y	ed filing separately our spouse. If yo								
Your first name	and mi	ddle initial	Last nar	me					`	Your so	cial securi	ty number
GOPINAT	H		RAMA	KRISHNAN						090-	19-620	3
lf joint return, s	pouse's	first name and middle initial	Last nar	me					5	Spouse'	s social se	curity number
KIRUBA I	PREE	ГНІ	VIJA	YAKUMAR						393-	83-089	9
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	ot. no.	1	Preside	ntial Election	on Campaign
114 FLU	TTER	DR							0	Check ł	nere if you,	or your
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	ite	ZIP cod	de		•		ntly, want \$3
LEXINGT	NC				S	С	290	72		0	ow will not	Checking a change
Foreign countr	y name		F	oreign province/sta	te/coun	ty	Foreigr	postal co			or refund.	0
											You	Spouse
At any time du	iring 20	021, did you receive, sell, exchange	, or othe	rwise dispose of	any fina	ancial interest	in any v	virtual cu	rrend	cy?	Yes	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur Were born before January 2, 1	n or you	were a dual-stat			rn befo	re Janua	rv 2.	1957	□ Is bl	lind
					· .						r (see instru	-
Dependent		rst name Last name		(2) Social secunumber	irity	(3) Relationsh to you	lip	(4) ♥ Child ta				her dependents
lf more than four	<u> </u>	TLYN GOPINATH		310-69-6434		Daughter				un		
dependents,	-	GOPINAIN		310-09-0	131	Daugitter					، ا	╡───
see instruction and check	s ——							L	-		[
here									1			_
	1	Wages, salaries, tips, etc. Attach F	Form(s) \	N-2		1				1		<u> </u>
Attach	2a		2a		 ьт	axable interes	+		•	2b		12.
Sch. B if	3a	· ·	3a	3.		Drdinary divide			•	3b		3.
required.	4a		4a			axable amoun			•	4b	-	
	5a		5a			axable amoun				5b	-	
Standard	6a		6a			axable amoun				6b		
Deduction for-	7	Capital gain or (loss). Attach Sche		required. If not re					· 🗆	7		1,899.
 Single or Married filing 	8	Other income from Schedule 1, lin								8		-6,091.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		his is your total i	ncome					. 9		57,478.
Married filing	10	Adjustments to income from Sche								10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is			come					· 11	1	57,478.
widow(er),	12a	Standard deduction or itemized	•			12	a	25,1				
\$25,100 • Head of	b	Charitable contributions if you take	the stan	dard deduction (s	ee insti	ructions) 12	b		500	_		
household, Add lines 12a and 12b									120		25,700.	
\$18,800 • If you checked	13	Qualified business income deduct	ion from			95-A				13		
any box under Standard	14	Add lines 12c and 13								14		25,700.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from line	e 11. If zero or les	ss, ente	er-0				15		31,778.

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

Form **1040** (2021)

Form 1040 (202	1)			Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	3,361.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	3,361.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	200.
	21	Add lines 19 and 20	21	200.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	3,161.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	3,161.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	4,031.
If you have a	26	2021 estimated tax payments and amount applied from 2020 return	26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)		
		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 ►		
	b	Nontaxable combat pay election		
	c	Prior year (2019) earned income		
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28 1,800.		
	29	American opportunity credit from Form 8863, line 8	1	
	30	Recovery rebate credit. See instructions	1	
	31	Amount from Schedule 3, line 15	1	
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	3,200.
	33	Add lines 25d, 26, and 32. These are your total payments	33	7,231.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,070.
Refutio	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	4,070.
Direct deposit?	►b	Routing number 0 8 2 0 0 0 7 3 ► c Type: X Checking Savings		
See instructions.	►d	Account number 4 8 7 0 0 6 1 9 1 2 8 0		
	36	Amount of line 34 you want applied to your 2022 estimated tax		
Amount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
You Owe	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee		structions	oelow.	X No
		signee's Phone Personal identii		
		me ▶ no. ▶ number (PIN) ▶		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here				nt you an Identity
				N, enter it here
Joint return?		SOFTWARE ENGINEER (see	inst.) 🕨	
See instructions. Keep a copy for	Sp			nt your spouse an
your records.	,	SIGIZOZZ	inst.) 🕨	ection PIN, enter it here
	Dh			
		one no. (501)800-7626 Email address RKGOPINATH485@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/09/2022 P0208:	2702	Self-employed
Preparer				678)965-9522
Use Only			's EIN ►	
Go to unur im				Form 1040 (2021)
GO IO WWW.IIS.g	uv/r-orn	n1040 for instructions and the latest information. BAA REV 02/17/22 PRO		Form 1040 (2021)

Lender Pattach to Form 1040, 1040-SR, or 1040-NR. Poil to www.ks.gov/Form1040 for instructions and the latest information. Poil Pattach to Form 1040, 1040-SR, or 1040-NR. Namedej shown on Form 1040, 1040-SR, or 1040-NR. Your social security number 090-19-6203 Your social security number 090-19-6203 Part I Additional Income 1 0. 2a 1 0. 2a 2a b Date of original divorce or separation agreement (see instructions) b 3 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losses). Attach Schedule C 3 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 6 6 Farm income or (loss). Attach Schedule F 6 7 8 Other income: 8a (a Net operating loss 8a (b Gambling income 8a (c Cancellation of debt 8a (f Alaska Permanent Fund dividends 8d (g Jury duty pay 8g h Prizes and awards 8h i Activity not engaged in for profit income 8i j Stock options 8i i Activity not engaged in for profit income 8i j Stock options 8i i Activity not engaged in for profit income 8i j Stock options 8i <th colspan="6">SCHEDULE 1 Additional Income and Adjustments to Income</th> <th>MB No. 1545-0074</th>	SCHEDULE 1 Additional Income and Adjustments to Income						MB No. 1545-0074
CODENTING RAMARKRISHINAN & KIRUBA PREETHI VIJAYAKUMAR 090-19-6203 Part Additional Income 1 0. 2a Alimony received	Departm	ent of the Treasury	► Attach to Form 1040, 1040-SR, or 1040-NR.			A	ttachment
Part I Additional Income 1 Taxable refunds, credits, or offsets of state and local income taxes 1 0. 2a Alimony received 2a b Date of original divorce or separation agreement (see instructions) ▶ 3 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losses). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 7 8 Other income: 8a (a Net operating loss 8a (c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d (g Jury duty pay 8g h Prizes and awards 8h i Activity not engaged in for profit income 8i j Stock options 8j i Net operating for profit but were not in the business of renting such property 8m j Other incolision (see instructions) 8m		. ,				cial s	ecurity number
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o Section 461(I) excess business loss adjustment	m	Section 951	(a) inclusion (see instructions)				
	n	Section 951	A(a) inclusion (see instructions)				
n Taxable distributions from an ABLE account (see instructions)	ο						
	р	Taxable dist	tributions from an ABLE account (see instructions).				
z Other income. List type and amount	z	Other incom					
	~					•	
 9 Total other income. Add lines 8a through 8z 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040 SP, or 					t t	9	
10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 -6,091.	10					10	-6,091.

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

SCHEDULE 1

L

OMB No. 1545-0074

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions) . . . 24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
i	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 violations24i		
j	Housing deduction from Form 2555 . . . 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
z	Other adjustments. List type and amount ► 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 02/17/22 PRO

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074 20

Attachment

	Attac	h to Fori	n 1040	, 1040-SR	, or 1040-NR	ł.	
-				-			

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Internal Revenue Service Sequence No. 03 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number GOPINATH RAMAKRISHNAN & KIRUBA PREETHI VIJAYAKUMAR 090-19-6203 Part I Nonrefundable Credits 1 Foreign tax credit. Attach Form 1116 if required 1 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 2 3 3 4 Retirement savings contributions credit. Attach Form 8880 4 200. 5 Residential energy credits. Attach Form 5695 5 Other nonrefundable credits: 6 **a** General business credit. Attach Form 3800 6a Credit for prior year minimum tax. Attach Form 8801 6b b 6c d Credit for the elderly or disabled. Attach Schedule R 6d Alternative motor vehicle credit. Attach Form 8910 е 6e Qualified plug-in motor vehicle credit. Attach Form 8936 . . . 6f f Mortgage interest credit. Attach Form 8396 6g g h District of Columbia first-time homebuyer credit. Attach Form 8859 6h i. Qualified electric vehicle credit. Attach Form 8834 6i i. Alternative fuel vehicle refueling property credit. Attach Form 8911 6j **k** Credit to holders of tax credit bonds. Attach Form 8912 . . . 6k Amount on Form 8978, line 14. See instructions Т 6 z Other nonrefundable credits. List type and amount ► 6z 7 7 Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, 8 line 20 8 200. (continued on page 2) For Paperwork Reduction Act Notice, see your tax return instructions. REV 02/17/22 PRO Schedule 3 (Form 1040) 2021 BAA

Schedule 3 (Form 1040) 2021

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
z	Other payments or refundable credits. List type and amount	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31)-SR, or 1040-NR,	15	
	BAA REV	02/17/22 PRO	Schedu	le 3 (Form 1040) 2021

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

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

2021 Attachment Sequence No. 12

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

Department of the Treasury

GOPINATH RAMAKRISHNAN & KIRUBA PREETHI VIJAYAKUMAR

Your social security number 090-19-6203

090-19-6203

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss from Form(s) 8949, Part I, line 2, column (g)		combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	197.	70.			127.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	4,762.	3,451.			1,311.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions					6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	0	., .	, ,	7	1,438.

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

	instructions for how to figure the amounts to enter on the below.	e (d) (e) Proceeds Cost		(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	to gain or loss from Form(s) 8949, Part II, line 2, column (g)		from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	754.	293.			461.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Sched	dule(s) K-1	12	
13	Capital gain distributions. See the instructions		13			
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions						()
15	Net long-term capital gain or (loss). Combine lines 8a on the back				15	461.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 1,899.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains? X Yes. Go to line 18.	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 02/17/22 PRO

Schedule D (Form 1040) 2021

Form	8949	

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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

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

2021 Attachment Sequence No. 12A

Name(s) shown c	on return				
GOPINATH	RAMAKRISHNAN	&	KIRUBA	PREETHI	VIJAYAKUMAR

Social security number or taxpayer identification number 090-19-6203

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		lumn (g), (h) (f). Gain or (loss).	
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)			
Robinhood Securities LLC		12/31/21	197.	70.			127.			
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	197.	70.			127.			

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

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

Form 8949 (2021)	Attachment Sequence No. 12A Pa

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side GOPINATH RAMAKRISHNAN & KIRUBA PREETHI VIJAYAKUMAR

Social security number or taxpayer identification number 090-19-6203

e **2**

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions. (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
				Instructions	instructions	adjustment	with column (g)
Robinhood Securities LLC		12/31/21	754.	293.			461.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your 1e 9 (if Box E	754.	293.			461.

Note: If you checked Box D 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.

REV 02/17/22 PRO

	2010
Form	0343

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Sequence No. 12A

Attachment

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

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

Name(s) shown on return Social security number or taxpayer identification number GOPINATH RAMAKRISHNAN & KIRUBA PREETHI VIJAYAKUMAR 090-19-6203

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		nn (g), (h)). Gain or (loss). ons. Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)			
Robinhood Crypto LLC		12/31/21	4,762.	3,451.			1,311.			
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (al here and inc is checked), lir	lude on your 1e 2 (if Box B	4,762.	3,451.			1,311.			

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

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

					upplementa							Ļ	OME	8 No. 1545	5-0074
(Form	(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						etc.)	2	202	1					
Departme	ent of the Treasury				ach to Form 104								Atta	chment	•
	Revenue Service (99)			Go to www.irs.	gov/ScheduleE	for inst	ructions	s and the	e latest	information				uence No.	
()	shown on return													ity numb	er
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B		2 11 11 12 11 1	10					110 02	1331						
1b	Type of Pro	pertv	2	For each renta	I real estate pro	perty I	isted		Fair	Rental	Pers	sonal	Use	0	N/
	(from list be			above, report	the number of fa	air rent	al and		[Days		Days	;	Q	JV
Α	3			if you meet the	lays. Check the requirements t	to file a	ox only s a	Α		365			0		
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С								С							
Туре о	of Property:														
1 Sing	le Family Resid	dence	3	Vacation/Sho	rt-Term Rental	5 La	nd		7 Self-	Rental					
2 Mult	ti-Family Reside	ence	4	Commercial			yalties		8 Othe	er (describe))				
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16	Taxes	• •	• •			16		±,	520.						
17						17		1	420.						
18	Depreciation e					18		±,	420.						
19	Other (list)	-				10									
20				5 through 19		20		6	681.						
21	•			•	4 (royalties). If										
21				· · ·	out if you must										
	file Form 6198					21		-б,	091.						
22					nitation, if any,										
				tions)		22	(6,0	91.)	()(r L)
23a	Total of all am	ounts re	eport	ed on line 3 for	all rental prope	erties			23a		59	90.			
b	Total of all am	ounts re	eport	ed on line 4 for	all royalty prop	oerties			23b						
с	Total of all am	ounts re	eport	ed on line 12 fo	or all properties	s			23c						
d	Total of all am	ounts re	eport	ed on line 18 fo	or all properties	s			23d						
е					or all properties				23e		6,68	31.			
24					n line 21. Do no						. [24			
25	Losses. Add ro	oyalty lo	sses	from line 21 and	rental real estate	e losse	s from li	ne 22. E	nter tot	al losses her	e.	25 (6,0)91.)
26					ome or (loss).										
					page 2 do not						on			-	
					e, include this a				line 41			26			.091.
For Pa	perwork Reduct	ion Act	Notic	e. see the sepa	rate instructions	s.]	NPA		-6,09	′⊥.	Sch	edule E	E (Form 1	040) 2021

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

► Attach to Form 1040, 1040-SR, or 1040-NR.



OMB No. 1545-0074

2021 Attachment Sequence No. 47

Department of the Treasury ▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information. Internal Revenue Service (99)

NI) = l= =			
inameis	s) shown	on	return	

	·		security number
		90-19	-6203
Part			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	57,478.
2a	Enter income from Puerto Rico that you excluded	_	
b		0.	
c	Enter the amount from line 15 of your Form 4563 2c	_	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d		57,478.
4a		1.	
b		1.	
c -		0.	3,600.
5		5	3,000.
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resider	0.	
	alien. Also, do not include anyone you included on line 4a.	11	
7	Multiply line 6 by \$500	. 7	
8	Add lines 5 and 7	8	3,600.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 J	9	400,000.
10	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.	10	0
11	Multiply line 10 by 5% (0.05)		0.
12	Subtract line 11 from line 8. If zero or less, enter -0-		3,600.
13	Check all the boxes that apply to you (or your spouse if married filing jointly).	12	5,000.
10	A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United State	20	
	for more than half of 2021		
	B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021		
Part			
Cautio	on: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.		
14a	Enter the smaller of line 7 or line 12	14a	0.
b	Subtract line 14a from line 12	14b	3,600.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	0.
d	Enter the smaller of line 14a or line 14c	14d	0.
e	Add lines 14b and 14d	14e	3,600.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received	ed	
	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 didn't receive any advance child tax credit paymen	ts 14f	1,800.
	for 2021, enter -0	·	1,000.
	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	14g	1,800.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on lin		_,
	19 of your Form 1040, 1040-SR, or 1040-NR		0.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 (
	your Form 1040, 1040-SR, or 1040-NR		1,800.
For Pa			8812 (Form 1040) 2021

Schedu	le 8812 (Form 1040) 2021	Page 2
Part	I-C Filers Who Do Not Check a Box on Line 13	8
Cautio	n: If you checked a box on line 13, do not complete Part I-C.	
15a	Enter the amount from the Credit Limit Worksheet A	15a
b	Enter the smaller of line 12 or line 15a	15b
	Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.	
	1. You are not filing Form 2555.	
	2. Line 4a is more than zero.	
	3. Line 12 is more than line 15a.	
с	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0	15c
d	Add lines 15b and 15c	15d
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received	
	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 didn't receive any advance child tax credit payments	15.
	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.	
e		150
f	Subtract line 15e 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	15.
-	dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	15g
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your	151
Part	Form 1040, 1040-SR, or 1040-NR Additional Child Tax Credit (use only if completing Part I-C) II-A Additional Child Tax Credit (use only if completing Part I-C)	15h
	n: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.	
	on: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child ta	v credit
<u>16a</u>	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a
lua b	Number of qualifying children under 18 with the required social security number: x \$1,400.	10a
D	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 use for this line is the same as the number of children you used for line 4a.	100
17	Enter the smaller of line 16a or line 16b	17
17 18a	Earned income (see instructions)	17
10a b	Nontaxable combat pay (see instructions)	-
19	Is the amount on line 18a more than \$2,500?	
19	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	20
20	Numpry the amount on the 19 by 15 / (0.15) and effect the result $\cdot \cdot \cdot$	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.	
	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		
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 . 22	-
23	Add lines 21 and 22	-
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.	
25	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	25
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
Dout	Next, enter the smaller of line 17 or line 26 on line 27.	
Part		27
27	Enter this amount on line 15c	27
	BAA REV 02/17/22 PRO Sch	edule 8812 (Form 1040) 2021

Schedu	le 8812 (Form 1040) 2021		Page 3
Par	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	
	Caution: 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	
			40.40\ 0004

REV 02/17/22 PRO BAA

Schedule 8812 (Form 1040) 2021

artment of the nal Revenue \$			Attach to	Retirement Sa Form 1040, 1040-SR, or gov/Form8880 for the la	r 1040-NR.			2021 Attachment Sequence No. 54
e(s) shown o							Your soci	al security number
PINATH	RAMAKI	RISHNAN & F	XIRUBA PREETHI	I VIJAYAKUMAR				9-6203
)	You can	not take this c	redit if either of t	he following applies.			!	
		ount on Form 104 ing jointly).	40, 1040-SR, or 1040	D-NR, line 11, is more th	an \$33,000 (\$4	9,500 if hea	ad of houseł	nold; \$66,000 if
				ution or elective deferra or (c) was a student (se				
Tue dist							(a) You	(b) Your spouse
desigr	nated ber	neficiary for 202	1. Do not include r	BLE account contributions .		1		
				employer plan, volunta s for 2021 (see instruct		2	11,925	
		d2			,	3	11,925	
				before the due dat	te (includina		11,725	•
				ons). If married filing jo				
both s	spouses'	amounts in bot	h columns. See ins	tructions for an except	tion	4		
Subtra	act line 4	from line 3. If ze	ero or less, enter -0			5	11,925	•
						6	2,000	
				t take this credit			7	2,000.
	the amou	ant from Form 1		040-NR, line 11*	8	57	,478.	
E se tra se d		a shi ka she shee she						
Enter	the appli	cable decimal a	mount from the tab	le below.				
Enter	the applie			he below. And your filing status	is–		- I	
Enter		8 is—				ried filing		
			Married filing jointly	And your filing status Head of household	Single, Marr separate	ely, or		
0\	If line	8 is— But not over—	Married filing jointly Enter o	And your filing status Head of household n line 9—	Single, Marr separate Qualifying w	ely, or vidow(er)		
Ov	If line a	8 is— But not over— \$19,750	Married filing jointly Enter o 0.5	And your filing status Head of household n line 9– 0.5	Single, Marr separate Qualifying v 0.5	ely, or vidow(er)		
0\	If line 2	8 is— But not over— \$19,750 \$21,500	Married filing jointly Enter o 0.5 0.5	And your filing status Head of household n line 9– 0.5 0.5	Single, Marr separate Qualifying w 0.5 0.2	ely, or vidow(er)		x 0 1
0\ \$19 \$2-	If line ver— 9,750 1,500	8 is — But not over — \$19,750 \$21,500 \$29,625	Married filing jointly Enter o 0.5 0.5 0.5	And your filing status Head of household n line 9– 0.5 0.5 0.5	Single, Marr separate Qualifying v 0.5 0.2 0.1	ely, or vidow(er)	9	x0.1
0\ \$19 \$22 \$29	If line ver— 9,750 1,500 9,625	8 is — But not over — \$19,750 \$21,500 \$29,625 \$32,250	Married filing jointly Enter o 0.5 0.5	And your filing status Head of household n line 9– 0.5 0.5	Single, Marr separate Qualifying w 0.5 0.2	ely, or vidow(er)	9	x0.1
0\ \$19 \$2 ⁻ \$29 \$32	If line ver— 9,750 1,500	8 is — But not over — \$19,750 \$21,500 \$29,625	Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5	And your filing status Head of household n line 9– 0.5 0.5 0.5 0.5 0.2	Single, Marr separate Qualifying v 0.5 0.2 0.1 0.1	ely, or vidow(er)	9	x0.1
0v \$19 \$29 \$32 \$33	If line (ver – 9,750 1,500 9,625 2,250	8 is — But not over — \$19,750 \$21,500 \$29,625 \$32,250 \$33,000	Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5	And your filing status Head of household n line 9– 0.5 0.5 0.5 0.5 0.2 0.1	Single, Marr separate Qualifying w 0.5 0.2 0.1 0.1 0.1	ely, or vidow(er)	9	x0.1
0 \$19 \$29 \$29 \$30 \$30 \$30 \$30	If line 2 ver	8 is — But not over — \$19,750 \$21,500 \$29,625 \$32,250 \$33,000 \$39,500	Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	And your filing status Head of household n line 9– 0.5 0.5 0.5 0.5 0.2 0.1 0.1	Single, Marr separate Qualifying w 0.5 0.2 0.1 0.1 0.1 0.1	vidow(er)	9	x0.1
Ov \$19 \$22 \$32 \$33 \$33 \$33 \$33 \$33	If line 2 ver	8 is — But not over — \$19,750 \$21,500 \$29,625 \$32,250 \$33,000 \$39,500 \$43,000	Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	And your filing status Head of household n line 9– 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1	Single, Marr separate Qualifying w 0.5 0.2 0.1 0.1 0.1 0.0 0.0	vidow(er)	9	x0.1
Ov \$19 \$22 \$32 \$33 \$33 \$33 \$34 \$43 \$45	If line ver— 9,750 1,500 9,625 2,250 3,000 9,500 3,000	8 is — But not over — \$19,750 \$21,500 \$29,625 \$32,250 \$33,000 \$39,500 \$43,000 \$43,000 \$49,500 \$66,000 	Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1	And your filing status Head of household n line 9— 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.0 0.0	Single, Marr separate Qualifying v 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0 0.0 0.0 0.0 0.0	vidow(er)	9	x0.1
Ov \$19 \$2 \$2 \$32 \$32 \$33 \$33 \$39 \$43 \$45 \$45	If line 2 ver	8 is — But not over — \$19,750 \$21,500 \$29,625 \$32,250 \$33,000 \$39,500 \$43,000 \$49,500 \$66,000 Note: If	Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1	And your filing status Head of household n line 9— 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.0	Single, Marr separate Qualifying v 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0 0.0 0.0 0.0 0.0	vidow(er)	9	
Ov \$19 \$2 \$2 \$33 \$33 \$33 \$43 \$45 \$45 \$66 Multip	If line (ver – 9,750) 1,500 9,625 2,250 3,000 9,500 3,000 9,500 6,000	8 is — But not over — \$19,750 \$21,500 \$29,625 \$32,250 \$33,000 \$39,500 \$43,000 \$49,500 \$66,000 Note: If by line 9	Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.0	And your filing status Head of household n line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	Single, Marr separate Qualifying w 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0 0.0 0.0 0.0 0.0	vidow(er)	10) 200.
Ov \$19 \$29 \$32 \$33 \$35 \$43 \$45 \$46 \$66 Multip Limita	If line a ver — 9,750 1,500 9,625 2,250 3,000 9,500 3,000 9,500 6,000 oly line 7 lition base	8 is — But not over — \$19,750 \$21,500 \$29,625 \$32,250 \$33,000 \$39,500 \$43,000 \$43,000 \$49,500 \$66,000 Note: If by line 9 ed on tax liability	Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.0 line 9 is zero, stop;	And your filing status Head of household n line 9— 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	Single, Marr separate Qualifying w 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.0 0.0 0.0 0.0 0.0	ely, or vidow(er)	10 tions 11) 200.
0 \$19 \$22 \$32 \$33 \$43 \$44 \$66 Multip Limita Credit	If line a ver – 9,750 1,500 9,625 2,250 3,000 9,500 3,000 9,500 6,000 oly line 7 l tion base t for qua	8 is – But not over – \$19,750 \$21,500 \$29,625 \$32,250 \$33,000 \$39,500 \$43,000 \$49,500 \$66,000 Note: If by line 9 add on tax liability alified retireme	Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.0 line 9 is zero, stop; y. Enter the amount nt savings contrik	And your filing status Head of household n line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	Single, Marr separate Qualifying w 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.0 0.0 0.0 0.0 0.0	vidow(er)	10 tions 11 1 here) 200. 1 3,361.

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

BAA

REV 02/17/22 PRO Form **8880** (2021)

Form	8867	Paid Preparer's Due Diligence Checklist Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),		OMB	No. 1545	-0074
(Rev. De	ecember 2021)	Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) a Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing St	nd atus			
	ent of the Treasury Revenue Service	► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-P ► Go to www.irs.gov/Form8867 for instructions and the latest informat	R, or 1040-SS.	Attach Seque	nment ence No.	70
Тахрауе	er name(s) shown on	return	Taxpayer ident	ification n	umber	
GOP	INATH RAMAK	RISHNAN & KIRUBA PREETHI VIJAYAKUMAR	090-19-6	5203		
Enter pr	eparer's name and I	PTIN				
		I SAGAR GUPTA TALLAM	P0208270)3		
Part		gence Requirements				
	benefit(s) claim	propriate box for the credit(s) and/or HOH filing status claimed on the return ned (check all that apply).	ODC	AOTC		HOH
1		lete the return based on information for the applicable tax year provided by to obtained by you? (See instructions if relying on prior year earned income.)	the taxpayer	Yes X	No	N/A
2	worksheets for 1040) instructi worksheet(s) t	claimed on the return, did you complete the applicable EIC and/or CTC, und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule ions, and/or the AOTC worksheet found in the Form 8863 instructions, of hat provides the same information, and all related forms and schedules for	8812 (Form or your own			
3	claimed? Did you satisfy the following.	<i>i</i> the knowledge requirement? To meet the knowledge requirement, you mus	t do both of	×		
		taxpayer, ask questions, and contemporaneously document the taxpayer's r at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	esponses to			
		mation to determine that the taxpayer is eligible to claim the credit(s) and/o		X		
4	information rea	nation provided by the taxpayer or a third party for use in preparing th asonably known to you, appear to be incorrect, incomplete, or inconsistent ons 4a and 4b. If "No," go to question 5.)	t? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent inform	nation? .			
b	you asked, wh	mporaneously document your inquiries? (Documentation should include the information that was provided, and the do n your preparation of the return.)	e impact the			
5	keep a copy of applicable wor 8867 and any taxpayer that	/ the record retention requirement? To meet the record retention requiremer f your documentation referenced in question 4b, a copy of this Form 8867, a 'ksheet(s), a record of how, when, and from whom the information used to pro- applicable worksheet(s) was obtained, and a copy of any document(s) pro- you relied on to determine eligibility for the credit(s) and/or HOH filing status of the credit(s)	copy of any repare Form vided by the or to figure	×		
		uments provided by the taxpayer, if any, that you relied on:				
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiate eliginar HOH filing status and the amount(s) of any credit(s) claimed on the returned for audit?	rn if his/her	×		
7	Did you ask th	e taxpayer if any of these credits were disallowed or reduced in a previous year e disallowed or reduced, go to question 7a; if not, go to question 8.)		X		
а		ete the required recertification Form 8862?				
8		is reporting self-employment income, did you ask questions to prepare a coule C (Form 1040)?				
For Pa		ion Act Notice, see separate instructions. REV 02/17/22 PRO		Form 886	67 (Rev.	12-2021)

Form 88	367 (Rev. 12-2021)			Page 2
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
	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		claim (
- are	or ODC, go to Part IV.)		,,,,	010,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	×		
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	×		
12	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	X		
Part		, go to	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu		Yes	No
	tuition and related expenses for the claimed AOTC?			
Part				
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part				
	 You will have complied with all due diligence requirements for claiming the applicable credit(s) and 	nd/or H	OH fili	าต
	status on the return of the taxpayer identified above if you:			5
	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 check 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.	87 instru	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	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).	_	-	
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.			
	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			
	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			
4.5	Developeration that all of the appulate on this Form 2007 are to the best of your knowledge true portion	I	Vaa	No

15	Do you certify	/ that a	all of	the	answers	s on	this	Form	8867	are,	to t	he k	pest o	of your	knov	vledge	e, true	e, c	orre	ct, a	and	Yes	No	_
	complete?																					×		_
														REV 02	/17/22 P	RO				For	m 88	867 (Rev.	12-2021)

REV 02/19/22 PRO

Use

Only



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX

SC8453 (Rev. 10/7/21)

FEIN 30-1017196

do	r.sc.gov	A PARTY OF THE PAR	U		LARA			UR	CLC		RUr		ILIF	٩G				32	99	
	First name	and middle initia	I						La	ist n	ame					You	r soci	al security r	number	
	GOPINA						R	AMA	KRI	SHI	NAN					0	90-	-19-62	03	
	Spouse's f	irst name, if marri	ied fili	ng jo	intly				La	st n	ame					Spo	use's	social secu	urity nun	nber
Print or	KIRUBA	A PREETHI					V	IJA	YAKI	JMZ	AR					3	93-	-83-08	99	
type.	Mailing ad	dress (number an	nd stre	et, P	O Box)												Daytiı	me phone n	umber	
	114 FI	JUTTER DR														(501	L)800-'	7626	
	City							Stat	е		Z	ΊΡ						Tax Year		
	LEXING	STON SC 2	907	2														2021		
Part I	Inforn	nation from y	our	SC1	l040, In	divid	lual	Inco	me T	ах	Retur	'n								
1. Feder	al taxable i	ncome (line 1 o	f you	r SC	:1040)												1	31	,778	00
2. SC ta	x (line 15 of	f your SC1040)														🗌	2	1	,120	00
3. Use T	ax (line 26	of your SC1040))													🗆	3		0	00
4. Total	Tax (add lir	ne 2 and line 3.														🗖	4	1	,120	00
5. SC In	come Tax V	Vithheld (add lir	ne 16	and	l line 20	of you	ur SC	:1040))							🗖	5		,853	-
6. Refun	dable credi	ts (add line 21 a	and li	ne 2	2 of you	r SC1	040)										6		,000	00
		f your SC1040)															7	2	,733	-
8. Balan	ce due (line	• 34 of your SC	1040)													8		,,,,,,	00
Part II		nformation fo		,													<u> </u>			
				1		1	1			_	Muet	ho 0 di	aito	The	firet	huo r	umb	ers of the		
9. Routi	ng number	(RTN)	0	8	2 0	0	0	0	7	3								rough 32.		
10. Banl	k account n	umber (BAN)					4	8	7	0	0 6	5 1	9	1	2	8	0	1-17 di	gits	
11 Type	e of account	t: 🛛 🗙 C	hecki	ina	□ Sav	vinas												-		
• •			neon	ing		ings														
	ance Due:							_												
	ment Withdi						_	Pay	ment \	/Vith	drawa	l Amou	nt \$						-	
Part III	Declar	ation of taxp	ayer	•																
13. 🛛		t for my refund to int return, this is a														line '	1 thro	ough line 8 is	s correct	t. If I
	account,	ze the South Carc provided in Part I d consent to the s	II, for	paym	nent of the	e Sout	h Car	olina	taxes I	owe	e. I auth	norize m	iy bai	nk to	debit	my a	iccour	nt for the real	quested	
If the SCI and intere		ot receive full and	timel	y pay	ment of n	ny tax	liabili	ty, I u	ndersta	and	that I ar	n respoi	nsible	e for	the ba	alance	e due	, including a	all penalt	ties
		rn and all attachm s any knowledge.		are tr	rue, corre	ct, and	d com	plete	to the	best	of my k	nowled	ge. T	his d	leclara	ation i	is bas	sed on all in	formatio	n of
Do not su	bmit a copy	of this form to the	SCD	OR.	Return th	ne sigr	ned co	opy to						py w	ith yo	ur tax	(reco	ords.		
\langle	Sz					3	3/8/20	22	H	Ue	ton 9	Preedt	٩.;						3/8/20	022
Your sign	ature					Da	te		Spou	se's	signatu	ire (If ma	arriec	d filin	g joint	ly, B	OTH r	must sign)	Date	
Part IV	Declar	ation of Elec	tron	ic R	eturn C	Driaiı	nato	r (EF	RO) a	nd	Paid I	Prepar	rer							
-		eceived the above												he be	est of	my ki	nowle	dge. I have	obtaine	d the
taxpayer's	s signature o	n this form before	e subr	nitting	g the SC1	1040 to	o the	SCDC)R. I ha	ave p	orovide	d the tax	kpaye	er wit	h a co	py of	f all fo	orms and inf	ormatior	
		nd the SCDOR a					•													
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Prepar	er's _{signati}										03-0)9-202		emplo			P02	208270	3	

Firm name (or yours if self-employed), SYAM PRIYA RAM SAGAR GUPTA TALLAM address, ZIP 2530 Pebble Creek Ln Cumming GA 300

<u>2530 Pebble Creek Ln Cumming GA 30041 Phone (678)965-9522</u>



dor.sc.gov

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2021 INDIVIDUAL INCOME TAX RETURN

SC1040 (Rev. 8/11/21) 3075

1

Your Soci	Check if deceased			
090	19	6203	deceased	
Spouse's Sc	cial Securit	y Number	Check if	
393	83	0899	deceased	



For the year January	1 - December 31, 2021, or fiscal tax year begin	ining	, 2021 and ending	, 2022 J	
First name and middl	e initial	Last nar		Suffix	
GOPINATH		RAMA			
Spouse's first name,	if married filing jointly	Last nar		Suffix	
KIRUBA PRE	ETHI	VIJA			
Check if	Mailing address (number and street, PO Box)				County code
new address	114 FLUTTER DR				32
City		State	ZIP	Daytime phone number with	area code
LEXINGTON		SC	29072	(501)800-7626	
Check if address	Foreign country address including postal code				
is outside US					
Amended Retu	Irn: Check if this is an Amended Retu	rn. (Atta	ach Schedule AMD) .		
Check this box	if you are a part-year or nonresident fil	ling an	SC Schedule NR		🕨 🔲
Check this box	only if you are filing a composite return	n on be	half of a Partnership o	or	
S Corporation	. Do not check this box if you are an ir	ndividua	al		🕨 🗆
Check this box	if you have filed a federal or state exte	ension			🕨 🗆
Check this box	if you served in a military combat zone	e during	the filing period		
Name of the c	combat zone:				

CHECK YOUR	(1) Single	(3) Married filing separately - enter spouse's SSN:		
FEDERAL FILING STATUS	(2) X Married filing jointly	(4) Head of household (5) Qualifying widow(er)		
Number of dependents clai	med on your 2021 feder	al return	•	1

DEPENDENTS

Г

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)
KAITLYN	GOPINATH	310-69-6434	Daughter	11/05/2020



INCOME AND ADJUSTMENTS Y	our S	SN <u>090-19-62</u>)3			20)21
1 Enter federal taxable income from your federal form. If zero or less, enter zero	here				Dolla	rs	
Nonresident filers: complete Schedule NR and enter total from line 48 on line 5	below			1	31	,778	00
ADDITIONS TO FEDERAL TAXABLE INCOME							
a State tax addback, if itemizing on federal return (see instructions)	a		00				
b Out-of-state losses Type:	b		00				
c Expenses related to National Guard and Military Reserve Income) C		00	1			
d Interest income on obligations of states and political subdivisions other than South Carolina	d		00	1			
e Other additions to income (attach explanation - see instructions)	e	600	00	1			
2 Total additions (add line a through line e)				2		600	00
3 Add line 1 and line 2 and enter the total here				3	32	2,378	00
SUBTRACTIONS FROM FEDERAL TAXABLE INCOME					<u>_</u>		
f State tax refund, if included on your federal return	▶ f	0	00				
g Total and permanent disability retirement income, if taxed on your federal return) g		00	1			
h Out-of-state income/gain (do not include personal service income)				1			
Check type of income/gain: 🗌 Rental 🗌 Business 🗌 Other	h		00				
i 44% of net capital gains held for more than one year	• i	203	00	1			
j Volunteer deductions (see instructions) Type:	▶ j		00	1			
k Contributions to the SC College Investment Program (Future Scholar)				1			
or the SC Tuition Prepayment Program	k		00				
I Active Trade or Business Income deduction (see instructions)			00	1			
m Interest income from obligations of the US government	m		00	1			
n Certain nontaxable National Guard or Reserve pay	n		00	1			
o Social Security and/or railroad retirement, if taxed on your federal return	• 0		00	1			
p Retirement Deduction (see instructions)				1			
p-1 Taxpayer (date of birth:)	▶ p-1		00	1			
p-2 Spouse (date of birth:))	• p-2		00	1			
p-3 Surviving spouse (date of birth of deceased spouse:)	▶ p-3		00	1			
Military Retirement Deduction (see instructions)	-			1			
p-4 Taxpayer (date of birth:)	• p-4		00				
p-5 Spouse (date of birth:))			00	1			
p-6 Surviving spouse (date of birth of deceased spouse:)	• p-6		00	1			
q Age 65 and older deduction (see instructions)	-			1			
q-1 Taxpayer (date of birth:))	q-1		00				
q-2 Spouse (date of birth:))	q-2		00	1			
r Negative amount of federal taxable income	r		00	1			
s Subsistence allowance (multiply days by \$8)	s		00	1			
t Dependents under the age of 6 years on December 31 of the tax year	▶ t	4,300	00	1			
u Consumer Protection Services	u	,	00	1			
v Other subtractions (see instructions)	• v		00	1			
w South Carolina Dependent Exemption (see instructions)	w	4,300	00	1			
4 Total subtractions (add line f through line w)				4	< 8	8,803	00 >
5 Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter and			•		1	, 200	
line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOM				5	23	,575	00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT)		1,120	· · · ·			,	
7 TAX on Lump Sum Distribution (attach SC4972)			00	1			
8 TAX on Active Trade or Business Income (attach I-335)			00				
9 TAX on excess withdrawals from Catastrophe Savings Accounts	9		00	1			
10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH C	CARO	LINA TAX		10	1	,120	00

Page 2 of 3



NON-REFUNDABLE CREDITS

12 Two Wage Earner Credit (see instructions) 12 00 13 Other norefundable credits (add line 11 through line 13) 14 00 14 Total nonrefundable credits (add line 11 through line 13) 14 00 PAVMENTS AND REFUNDABLE CREDITS 16 3,853 00 17 2021 Estimated Tax payments 16 00 00 18 Chronom tax withheid glatch V-2 or SC41) 16 00 00 19 Norresident asle of real estate 10 00 00 20 Other SC withheiding (attach 1-333) 228 00 00 21 Tution tax credit (attach 1-319) 228 00 00 22 Other SC with locking (attach 1-331) 228 00 224 00 22 Other SC with locking (attach 1-331) 228 224 00 224 00 22 Other SC with locking (attach 1-361) 228 00 224 23 3,853 00 22 Other SC with locking (attach 1-361) 228 224 00 224 2,733 60 22 A Moth PETURN: Use School & MD Torn line 23 and locking the 24 or locking 24 or loc	11 Child and Dependent Care (see instructions)	11		00		
14 Total nonrefundable credits (add line 11 through line 13) 14 14 00 15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here 16 1, 120 00 PAYMENTS AND REFUNDABLE CREDITS 16 3, 853 00 17 100 17 2021 Estimated Tax payments 11 100 00 00 00 18 Amount paid with extension 19 000 20 000 20 000 20 There SC withholding (attach 109) 21 000 224 000 224 000 22 An Anydowas Ammonia (attach 1-333) 226 000 224 00 00 224 00 22 Ad Ching Ont Tescher Expenses (attach 1-360) 226 00 224 00 00 224 00 24 Gline 30 through line 22 and enter the talout line 22 entoruly line 22e) 22 00 00 224 00 24 Gline 31 stager than line 32, subtract line 32 form line 32 and enter the amount form line 24 on enter the amount form line 24 on line 31. 22 00 00 24 Gline 23 through line 22 and enter the amount form line 24 on enter the amount form line 24 on enter the amount form line 24 on enter the amount form line 2	12 Two Wage Earner Credit (see instructions)	12		00		
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23 Add line 16 through line 22 and enter the total here. These are your TOTAL PAYMENTS ▶ 23 3, 853 00 24 If line 23 is larger than line 15, subtract line 15 from line 15 and enter the awound total line 23 for line 23, subtract line 23 for line 15 and enter the amount from line 25 on line 31. 26 USE TAX due on online, mail-order, or out-of-state purchases 26 0 00 25 TAX due on online, mail-order, or out-of-state purchases 27 0 00 00 Use TaX due on online, mail-order, or out-of-state purchases 27 0 00 28 Total Contributions for Check-offs (attach 1-330) 28 0 00 29 Add line 26 through line 24 and enter the total here 29 0 00 30 If line 29 is larger than line 24, go to line 31. 28 0 00 29 Add line 26 through line 28 and enter the total here 29 0 00 30 If line 29 is larger than line 24, go to line 31. 27.7.33 00 31 Add line 28 and line 29. If line 29 is larger than line 24, subtract line 29 from line 24 and enter the amount to you (line 35 check box entry is required) 30 2, 7.7.3 00 31 Add line 31 for Olderpayment of Estimated Tax (attach SC2210) Enter total here is 32 30 21 Late filling and/or late payment belance due (select payment option on line 36) BALANCE DUE is 34 30 00 34 Add line 31 reduction due you (line 37 required) (for US accounts only) <td< td=""><td></td><td></td><td></td><td>,</td><td></td><td></td></td<>				,		
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26 0 00 Use Tax is based on your county's Sales Tax rate. See instructions for more information. 17 If you certify that no Use Tax is due, check here						
Use Tax is based on your county's Sales Tax rate. See instructions for more information. If you certify that no Use Tax is due, check here ▶ ★ 27 Amount of line 24 to be credited to your 2022 Estimated Tax						
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29 Add line 26 through line 28 and enter the total here 29 000 30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the amount to be refunded to you (line 35 check box entry is required)						
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31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter the total. This is your tax due 31 00 32 Late filing and/or late payment: Penalties				30	2 733	00
32 Late filing and/or late payment: Penalties Interest Enter total here ↓ 32 00 33 Penalty for Underpayment of Estimated Tax (attach SC210) Enter exception code from instructions here if applicable						$ \rightarrow $
33 Penalty for Underpayment of Estimated Tax (attach SC2210) 33 00 34 Add line 31 through line 33 and enter your balance due (select payment option on line 36) BALANCE DUE) 34 00 REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure! 34 00 35 Select one: > Direct Deposit (line 37 required) (for US accounts only) > Debit Card > Paper Check PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and easy! 36 Select one: MyDORWAY (pay at dor.sc.gov(pay) ACH Debit (enter your US bank information on line 37) 37 Type of Account: > Checking > Savings Bank Account 487006191280 1+17 Number (RTN) 082000073 Must be 9 digits. The first two numbers Bank Account 487006191280 1+17 I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. Your signature Date Spouse's signature (if married filing jointly, BOTH must sign) I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes No X Preparer's spinted name SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's signature Date Spouse's signature (if married filing jointly, BOTH must sign) 03 - 0017196 I author			-			
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