Hasmitha Chatla 3200 W 14th Ave, Apt. 07-273 Denver, CO 80204-2290

Balance Due/ Refund	<pre>Your federal tax return (Form : amount of \$2,951.00. Applicable refund amount of \$2,951.00. You chose to have your TurboTax fee receive e-mail from Green Dot I Your tax refund will be direct account information you entered Routing Transit Number: 081904;</pre>	e fees were d ur refund is es deducted f Bank, which h deposited in d - Account N	educted from your original now \$2,676.00. Because you rom your refund, you will andles this transaction. to your account. The			
When Will You Get Your Refund?	<pre>than 21 days last year. The sam get your estimated refund date www.turbotax.com. If you do not or the amount you get is not will Revenue Service directly at 1-3</pre>	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2022. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com. If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.				
What You Need to Keep	 Your Electronic Filing Instruct A copy of your federal return 	tions (this f	orm)			
2021 Federal Tax Return Summary	Adjusted Gross Income Taxable Income Total Tax Total Payments/Credits Amount to be Refunded Effective Tax Rate	\$ \$ \$ \$ \$ \$	17,686.00 5,136.00 513.00 3,464.00 2,951.00 -0.35%			



Hi Hasmitha,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Premier: Your Head Start On Next Year: When you come back next year, taxes will be so easy! All your information will be saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you. Here's the final wrap up for your 2021 taxes: Your federal refund is: \$ 2,951.00 You qualified for these important credits: - Earned Income Credit Your Guarantee of Accuracy: Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee. - We double checked your return for errors along the way. - We helped with step-by-step guidance to get your answers on the right IRS forms. - If you sold investments, our Cost Basis Lookup calculated cost basis for those sales. - We helped you out with extra guidance for rental property income, expenses, and refinancing. - We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids! Also included: - We provide the Audit Support Center free of charge, in the unlikely

event you get audited.

Many happy returns from TurboTax.

E1040	· ·	artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No. 15	45-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly unchanged the MFS box, enter the norm is a child but not your dependent	ame of	-	separately ouse. If you	. ,				,		, ,	low(er) (QW) ne qualifying
Your first name	and mi	ddle initial	Last na	me							Your so	ocial securi	ty number
Hasmitha	a		Chat	la							020-	21-782	6
lf joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number
3200 W 3	14th								Apt. no. 07-27	3	Check	here if you,	on Campaign or your htly, want \$3
	post offic	ce. If you have a foreign address, also co	omplete s	paces be	low.	Sta			code				Checking a
Denver						C	-		20422			low will not	•
Foreign countr	y name			Foreign p	rovince/state	e/count	ty	Fore	ign postal	code	your ta	x or refund	
At any time du	uring 20	021, did you receive, sell, exchange,	, or othe	rwise di	spose of a	ny fina	ancial interes	st in an	y virtual o	curre	ncy?	Yes	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	•				a dependen	t					
Age/Blindness	s You:	Were born before January 2, 1	957	Are b	lind S	ouse	: 🗌 Was b	orn be	fore Janı	uary 2	2, 1957	🗌 ls b	lind
Dependents	s (see	instructions):		(2) \$	Social securi	ty	(3) Relation	ship	(4) 6	🖊 if qu	ualifies fo	or (see instru	ictions):
If more	(1) F	irst name Last name			number		to you		Child	tax cr	redit	Credit for ot	her dependents
than four													
dependents, see instruction	s ——												<u> </u>
and check													
here 🕨 📃													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .	· · ·						. 1		17,683.
Attach Sch. B if	2a	Tax-exempt interest	2a			bΤ	axable intere	est			. 2t)	
required.	3a	Qualified dividends	3a			bС	ordinary divid	dends			. 3t)	1.
	4a	IRA distributions	4a			bΤ	axable amou	unt.			. 4t)	
	5a	Pensions and annuities	5a			bΤ	axable amou	unt.			. 5k)	
Standard	6a	···· · · · · · · · _	6a				axable amou			• _	. 6k)	
 Deduction for – Single or 	7	Capital gain or (loss). Attach Sche	dule D if	f require	d. If not red	quired	, check here	•			_ 7		2.
Married filing	8	Other income from Schedule 1, lin									. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	our total in	come				.	▶ 9		17,686.
 Married filing jointly or 	10	Adjustments to income from Sche									. 10		
Qualifying	11	Subtract line 10 from line 9. This is	,	•	•		· · ·	•••			► <u>1</u> 1	I	17,686.
widow(er), \$25,100	12a	Standard deduction or itemized		`		,		2a	12	,550	0.		
 Head of household, 	b	Charitable contributions if you take					· -	2b					
\$18,800	С											C	12,550.
 If you checked any box under 	13	Qualified business income deduct											
Standard	14												12,550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf z	zero or less	, ente	r-0			•	. 15	5	5,136.

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

Form **1040** (2021)

Form 1040 (2021	1)						_			Page Z
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16		513.
	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18		513.
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Schedul	e 8812		19		
	20	Amount from Schedule 3, lin						20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		513.
	23	Other taxes, including self-end	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax				🕨	24		513.
	25	Federal income tax withheld								
	а	Form(s) W-2				25a	1,489.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	3)			25c				
	d	Add lines 25a through 25c						25d		1,489.
If you have a	26	2021 estimated tax payment	s and amount a	pplied from 20	20 return .			26		
qualifying child,	27a	Earned income credit (EIC)				27a	575.			
attach Sch. EIC.		Check here if you were b January 2, 2004, and you taxpayers who are at least a	u satisfy all the ge 18, to claim t	e other requi	rements for					
	b	Nontaxable combat pay elec				-				
	С	Prior year (2019) earned inco								
	28	Refundable child tax credit or				28		_		
	29	American opportunity credit				29		_		
	30	Recovery rebate credit. See					1,400.	_		
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27a and 28 throug		•				32		L,975.
	33	Add lines 25d, 26, and 32. T						33		3,464.
Refund	34	If line 33 is more than line 24				•		34		2,951.
	35a	Amount of line 34 you want						35a		2,951.
Direct deposit? See instructions.	►b	Routing number 0 8 1				Checking	Savings			
	►a	Account number 2 9 1								
	36	Amount of line 34 you want a				36				
Amount	37	Amount you owe. Subtract					. 🕨	37		
You Owe	38	Estimated tax penalty (see in				38				
Third Party Designee	ins	you want to allow another tructions signee's	•			. 🕨 🗌 Yes. 🤇	Complete sonal ident		X No	
		me 🕨		no. 🕨		nun	nber (PIN)			
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com								
nere	Yo	ur signature		Date	Your occupation				nt you an lo	
laint nation 0	N.				Clinical Distri	bution Project Ma		inst.)	IN, enter it	nere
Joint return? See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa		If th Ider	e IRS sei	nt your spo	use an enter it here
	Ph	one no. (720)878-9048	8	Email address	1		I			
		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Paid									Self-	employed
Preparer	Fin	m's name ► Self-Pre	epared			1	Pho	ne no.		
Use Only		n's address ►	1					n's EIN ▶	•	
-		n1040 for instructions and the late	- + !		BAA	REV 03/26/22 TTO	1			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.

20 21 Attachment Sequence No. 12

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

Department of the Treasury

Your social security number

Hasmitha Chatla

► Go

020-21-7826

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)

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

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

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

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

Schedule D (Form 1040) 2021

Summary

Part III

16	Combine lines 7 and 15 and enter the result	16 2	
	• 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? 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		
10	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.		
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		
	REV 03/26/22 TTO	Schedule D (Form 1040) 20)21

Form 8949	
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Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Sequence No. 12A

Attachment

Department of the Treasury Internal Revenue Service ► 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 returnSocial security number or taxpayer identification numberHasmitha Chatla020-21-7826

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss . amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
00847G705 AGENUS INC. COMMON STOCK 1	01/05/21	02/09/21	5.	3.			2.	
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	5.	3.			2.	

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

IMPORTANT DISCLOSURES

If you are owed federal tax refund(s), you have a right to choose how you will receive the refund(s). There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return(s) electronically or by paper and obtain your federal tax refund(s) <u>directly</u> from the Internal Revenue Service ("IRS") <u>for free.</u> If you file your tax return(s) electronically, you can receive refund checks directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return(s) or the IRS can deposit your refund(s) directly into your bank account in less than 21 days from the time you file your tax return(s) unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return(s) or the IRS can deposit your refund(s) directly into your bank account in 6 to 8 weeks from the time the IRS receives your return(s). However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

You can file your federal tax return(s) electronically, select the Refund Processing Service ("RPS") for an additional fee of \$39.00 (the "RPS fee"), and have your federal tax refund(s) processed through a processor using banking services of a financial institution. The RPS allows your refund(s) to be deposited into a bank account at Green Dot Bank ("Bank") and deducts your TurboTax fees and other amounts that you authorize from your federal refund(s). The balance of your federal refund(s) is delivered to you via the disbursement method you select. If you file your tax return(s) electronically and select the RPS, the IRS will deposit your refund(s) with Bank. Upon Bank's receipt of your refund(s), Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, a processor, will deduct from your federal refund(s) the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return(s) and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return(s) electronically. However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

The RPS is not necessary to obtain your refund(s). If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund(s).

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in tax refund(s) next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration. The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov

The chart below shows the options for filing your federal tax returns (e-file or paper returns), the RPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND(S)?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks 1	No additional cost.
Service	Check mailed by IRS to address on tax return(s).	Approximately 6 to 8 weeks 1	
ELECTRONIC FILING (E-FILE)	IRS direct deposit to your personal bank account.	Usually within 21 days 1	No additional cost.
No Refund Processing Service	Check mailed by IRS to address on tax return(s).	Approximately 21 to 28 days 1	
ELECTRONIC FILING (E-FILE)	Direct deposit to your personal bank account.	Usually within 21 days 1	\$39.002
Refund Processing Service			

¹You may experience delays with your tax refund(s) if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

²The charges here consist of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 3 of the Refund Processing Service Agreement for the cost of the service you have chosen.

Questions? Call 877-908-7228

sbia5201.ptform 12/02/21 12/02/2021

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax and to evaluate your current and future eligibility for the Refund Processing Service.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. You specify that your consent is valid for three years from the date of this signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at *complaints@tigta.treas.gov.*

To agree, enter your name(s) and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2021 return to determine whether a portion of the refund can be used to pay my fees and to evaluate my current and future eligibility for the Refund Processing Service.

Hasmitha First Name Chatla Last Name

Please type the date below: 04/03/2022 Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Green Dot Bank, Member FDIC ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at *complaints@tigta.treas.gov.*

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2021 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Hasmitha

Chatla

Please type the date below: 04/03/2022 Date

Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, and Green Dot Bank Refund Processing Service Agreement ("Agreement")

Name:	Hasmitha Chatla
Social Security No .:	020-21-7826

This Agreement contains important terms, conditions and disclosures about the processing of your refund(s) (the "Refund Processing Service" or "RPS") by Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2021 federal income tax return(s) is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$39.00 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND(S), TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES, AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND(S) OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND(S) DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND(S) OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT INC. BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2021 FEDERAL INCOME TAX RETURN(S) AND ELECTING TO HAVE YOUR REFUND(S) DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND(S) WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN(S) UNLESS THERE ARE PROCESSING DELAYS (OR UNLESS YOUR RETURN(S) CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND(S) NO EARLIER THAN FEBRUARY 15, 2022). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND(S). THE COST OF PREPARING YOUR TAX RETURN(S) IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. <u>Authorization to Release Personal Information.</u> You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2021 federal tax refund(s). You also authorize Intuit Inc., as the transmitter of your electronically filed tax return(s), Bank and Processor to disclose to each other certain information about you and your tax return(s)for the purpose of providing the services contemplated under this Agreement. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	2,951.00
Less Processor Refund Processing Fee	39.00
Less TurboTax Fees	187.00
Less Fees for Additional Products and Services Purchased	49.00
Expected Proceeds*	2,676.00

* These amounts are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. <u>Temporary Deposit Account Authorization.</u> You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2021 federal tax refund(s) from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return(s) has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return(s) ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased, plus applicable taxes. You also authorize Processor

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020-21-7826 Page 2

to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, and any sales tax, or if your refund proceeds are delayed (a) you authorize Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected tax refund proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction. To make alternative payment arrangements or revoke your consent to automatic deduction, you must contact Intuit Inc. according to the instructions on the notices e-mailed to you by Intuit Inc. regarding outstanding amounts owed under this Agreement. You also authorize any amounts outstanding pursuant to this Agreement to be deducted from refunds that you may receive up to 24 months after the date of this Agreement and process through the Processor.

5. <u>Acknowledgements.</u> (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2021 federal tax refund(s) or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return(s) (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return(s). (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund(s) by Bank and Processor. (c) Your refund(s) may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. <u>Truth in Savings Disclosure.</u> The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2021 federal tax refund(s). Processor and Bank will deduct from the Deposit Account the amounts set forth in Section 3, including the \$39.00 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund(s). No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the amounts stated in this Section, Section 3, Section 7, and Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$30.00 if the refund(s) cannot be delivered as directed in Section 7 of this Agreement. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, PO Box 70010, Pasadena, CA 91117 or via the Internet at http://sbtpg.com.

7. <u>Disbursement Method:</u> You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

By using the Direct Deposit method of disbursement, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

Х	Checking	
	Savings	
RTN	↓#	081904808
Acc	ount #	291029105892

Note: To ensure that there are no delays in receiving your refund(s), please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are <u>not</u> responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund(s) but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$30.00 may be charged if we are required to

provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$60.00 in the aggregate, and will be deducted from the Deposit Account for federal refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund(s). If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund(s) is received by us, upon receipt of your federal tax refund(s) from the IRS we will return your tax refund(s) to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refunds to the IRS and you will need to work with the IRS directly for disbursement.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, PO 70010, CA 91117 telephone Box Pasadena, or (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (such as fire, flood, water damage, power failure, strike, labor dispute, pandemic, computer breakdown, telephone line disruption, or a natural disaster) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You, your representative or a third party provide us with inaccurate or untimely information.

9. <u>Compensation.</u> In addition to any fees paid directly by you to Intuit Inc., Processor will pay compensation to Intuit Inc. in consideration of Intuit Inc.'s provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.

10. <u>Governing Law.</u> The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

Hasmitha Chatla

11. <u>Arbitration Provision.</u> You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

11.1. <u>Arbitration of Claims:</u> Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in court or to have a jury trial. The AAA's phone number is 800-778-7879 and website is http://www.adr.org. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

11.2. <u>Other Claims Subject to Arbitration:</u> In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

11.3. <u>Exceptions:</u> We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

11.4. <u>Individual Claims Only:</u> Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

11.5. <u>Arbitration Fees:</u> If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

11.6. <u>Procedure:</u> A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years' experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

Hasmitha Chatla

12. <u>Taxpayer Identity Validation Disclosure.</u> To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service taxpayer. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund(s), we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2021 federal tax refund(s) from the IRS and Processor to make the deductions from your refund(s) described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2021 TurboTax(Registered Trademark) User Agreement, (iii) You consent to the release of your 2021 federal tax refund(s) deposit information and application information as described in Section 2 of this Agreement; (iv) You consent to the automatic debiting of your personal bank account as set forth in Section 4, as applicable, and the Arbitration Provision in Section 11; and (v) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 11/2021

FACTS WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do						
What?	The types of personal information we have with us. This information can in		oduct or service you				
	 Social Security number and account account transactions and checking transaction history and payment h 	g account information					
	When you are no longer our customer, we continue to share your information as described in this notice.						
How?	All financial companies need to share business. In the section below, we lis customers' personal information; the can limit this sharing.	t the reasons financial companies c	an share their				
	Reasons we can share your personal information	Does Green Dot Bank share?	Can you limit this sharing?				
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.		Yes	No				
	narketing purposes — Ir products and services to you.	Yes	No				
	marketing with other companies.	Yes	No				
business	ffiliates' everyday purposes — n about your transactions iences.	Yes	No				
business	ffiliates' everyday purposes — n about your creditworthiness.	No	We don't share				
For our a	ffiliates to market to you.	No	We don't share				
For nona	ffiliates to market to you.	No	We don't share				
Question	s? Call 1-800-901-6663						

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Page 2	
What we do	
How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot Bank collect my personal information?	 We collect your personal information, for example, when you open an account or make deposits or withdrawals from your account tell us where to send the money or provide account information give us your contact information We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	 Federal law gives you the right to limit only sharing for affiliates' everyday business purposes — information about your creditworthiness affiliates from using your information to market to you sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing.
Definitions	
Affiliates	 Companies related by common ownership or control. They can be financial and nonfinancial companies. Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation) and tax processing services companies, such as Santa Barbara Tax Products Group, LLC.
Nonaffiliates	 Companies not related by common ownership or control. They can be financial and nonfinancial companies. Green Dot Bank does not share with nonaffiliates so they can market to you.
Joint marketing	 A formal agreement between nonaffiliated financial companies that together market financial products or services to you. The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries.

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Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the Max bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at *complaints*@*tigta.treas.gov.*

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Hasmitha

Chatla

Please type the date below: 04/03/2022 Date



Hasmitha Chatla 3200 W 14th Ave Apt 07-273 Denver, CO 80204-2290

1

Balance Due/ Refund	 Your Colorado state tax return (For in the amount of \$404.00. Your tax into your account. The account info Number: 291029105892 Routing Transi 	refund will be direct deposited ormation you entered - Account			
Where's My Refund?	Before you call the Colorado Department of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Colorado Department of Revenue directly at 1-303-238-7378. From outside of Colorado use 1-303-238-3278. You can also visit the Colorado Department of Revenue web site at www.colorado.gov/revenueonline.				
What You Need to Sign	Sign and date Form DR 8453 within 1 day of acceptance.				
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the Colorado Department of Revenue already has your return.				
What You Need to Keep	Your Electronic Filing Instructions (this form) - Form DR 8453 A copy of your state and federal returns All W-2's, W-2G's and 1099's that report Colorado withholding				
2021 Colorado Tax Return Summary	 Taxable Income Total Tax Total Payments/Credits Amount to be Refunded 	\$ 5,136.00 \$ 163.00 \$ 567.00 \$ 404.00			

218453 11555

DR 8453 (10/19/21) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005 *Tax.Colorado.gov* Page 1 of 1

State of Colorado Individual Income Tax Declaration for Electronic Filing Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

Taxpayer SSN or ITIN	Spouse SSN or ITIN (If Joint R	eturn)	Submission ID				
020-21-7826							
Taxpayer Last Name		Taxpayer Fir	st Name			Middle Initial	
CHATLA		HASMITH	A				
Spouse Last Name (If Joint Return)		Spouse First	Name (If Joint	Return)			
Street Address				Phone	Number		
3200 W 14TH AVE APT 07-2	73			(720))878-9048		
City					ZIP		
DENVER				CO	80204-22	90	
	Part I — Tax Ret	urn Informa	ation	1			
1. Total Income, line 9 from your f	ederal Form 1040			1 \$		17686	
2. Taxable Income, line 15 on fed	eral Form 1040			2 \$		5136	
3. Colorado Tax, line 17 on Colora	ado Form 104			3 \$		163	
4. Colorado Tax Withheld, line 18 on Colorado Form 104 4						526	
5. Refund, line 36 Colorado Form 104 5					\$ 404		
				6 \$			
6. Amount You Owe, line 41 on Colorado Form 104 6							
Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2021 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.							
Signature	Date	Spouse's S	Signature (If Join	t Return, Bo	th Must Sign)	Date	
	Part III — Declaration of E	RO/Prepar	er/Transmitt	er			
If the transmitter did not prepare the	he tax return, check here [X					
If I am not the preparer, I declare only the Colorado income tax returns. If I am the Colorado income tax returns and that the amounts shown on said tax returns, an best of my knowledge and belief. As pre- have provided the taxpayer with copies covered by the Colorado statute of limit and attachments upon request by the C	e preparer, under penalties of pene ne information provided to me b d that said tax returns, statemen parer, I further declare that I hav of all forms and information file ations, and to provide paper cop	rjury I declare y the taxpaye nts, schedules re obtained the ed. I also agre pies of this dec	that I have rev r and the amou s, and attachme e taxpayer's sig the to maintain the claration, said n uring this perior	iewed the a unts shown ents are true nature on th his signed F eturns, with d.	bove taxpayer's in Part I above a, correct, and c is form at the til Form (DR 8453 holding statement	s 2021 Federal/ agree with the complete to the me of filing and) for the period ents, schedules	
ERO's Signature				Preparer Ide	ntification Numb	er or Your SSN	
SELF-PREPARED							
Check if also Preparer				Date (MM/DD/	YY)	_	





DR 0104 (12/07/21) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 1 of 4 (0013)

2021 Colorado Individual Income Tax Return

Full-Year

XPart-Year or Nonresident (or resident, part-year,
non-resident combination) *Must include DR 0104PN

Mark if Abroad on due date – see instructions

Your Last Name			Your Fir	rst Nam	e						Middle	e Initial	
CHATLA	Ą			HASM	IITHA								
Date of Bir	th (MM/DD/YYYY)	SSN or ITIN		Deceas	sed							÷	
12/08/	/1993	020-21-78	826					cked and cla R 0102 and					
Entor th	Fisher the fellowing information from using summert			State of	f Issue		Last 4 d	characters of I	D nu	mber	Date of Issua	nce	
	Enter the following information from your current driver license or state identification card.			со			2943	3			12/07/2	1	
If Joint, Sp	ouse's Last Name			Spouse	's First l	Nam	e					Middle	e Initial
Spouse's [Date of Birth (MM/DD/YYYY)	Spouse's SSN	l or ITIN	Deceas	ed								
								cked and cla R 0102 and					
Enterth				State o	f Issue		Last 4 d	characters of I	D nu	mber	Date of Issua	nce	
current	ne following information driver license or sta	te identification	card.										
Mailing Ad	ldress									Phor	ne Number		
3200 W 14TH AVE APT 07-273									(72	20)878-90	048		
City					State	ZIF	^o Code		For	eign (Country (if app	licable)	
DENVEF	2				CO	8	0204-	2290					
	 To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if: You are a Colorado resident and at least one person in your household does not have health coverage AND You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy & Financing. 												
			<u> </u>						-	Ro	ound To The	Nearest	Dollar
 Enter Federal Taxable Income from your federal in 1040, 1040 SR, or 1040 SP line 15. 				come ta	ax forr	n:		• 1				513	⁶ 00
Include	W-2s and 1099s wi												
			ditions to						1				
	2. State Addback, enter the state income tax deduction					ede	eral for						
	SR, or 1040 SP sc	nedule A, line 5	ba (see insti	ructions	5)			• 2				r	00
3	. Qualified Busines	s Income Dedu	ction Addba	ack (se	e instr	ucti	ons)	• 3				0 0	

DR 0104 (12/07/21) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 2 of 4

SSN or ITIN

21555

210104

Name

HASMITHA CHATLA 020-21-7826 00 4. Other Additions, explain (see instructions) • 4 Explain: 5136 5. Subtotal, sum of lines 1 through 4 5 00 **Colorado Subtractions** 6. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return. • 6 00 5136 7. Colorado Taxable Income, subtract line 6 from line 5 • 7 00 Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule 8. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the 163 • 8 00 DR 0104PN with your return if applicable. 9. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return. • 9 00 10. Recapture of prior year credits 00 10 163 11. Subtotal, sum of lines 8 through 10 11 00 12. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 0104CR with your return. • 12 00 **13.** Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 84, the sum of lines 12, 13, and 14 cannot exceed line 11, you must 00 submit the DR 1366 with your return. 13 14. Strategic Capital Tax Credit from DR 1330, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 1330 with your return. 00 • 14 163 15. Net Income Tax, sum of lines 12, 13, and 14. Subtract that sum from line 11. 00 15 16. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return. • 16 00 163 17. Net Colorado Tax, sum of lines 15 and 16 17 00 18. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 526 1099s claiming Colorado withholding with your return. • 18 00 • 19 **19.** Prior-year Estimated Tax Carryforward 00 20. Estimated Tax Payments, enter the sum of the guarterly payments remitted for this tax year 00 • 20 21. Extension Payment remitted with the DR 0158-I 00 • 21 • DR 0104BEP • DR 0108 • DR 1079 • 22 **22.** Other Prepayments: 00 23. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit 00 the DR 1305G with your return. 23 24. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 0 with your return. 0.0 • 24

1

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	L555	Page 3 o	rado.gov f 4				
Name					SSN or I	TIN	
HASMITHA CHATLA					020-2	21-7826	
25. Refundable Credits	from the DR 010	4CR line 9, you	must submit the			41	00
with your return.				• 25			
26. Subtotal, sum of line	es 18 through 25			26		567	00
Lines 28 through 30	0 are only used t		d AGI for TABOI TABOR Credit,		t your Colorado	tax liability.	
27. Federal Adjusted Gr 1040 SR line 11, or		n your federal in	come tax form: 1	040 line 11, • 27		17686	00
28. Nontaxable Social S	Security Income			• 28			0.0
29. Nontaxable Lump-se	um Distribution f	rom pension and	d profit sharing p	lans. • 29			00
30. Nontaxable interest	income from sta	ite and local bon	ds	• 30			00
24 Curr of lines 07 three	uch 20. Madifia		2	24		17686	
31. Sum of lines 27 thro			< for State Sales	31 Tax Refund			00
If line 31 is:	\$44,000 or less	\$44,001 – \$88,000	\$88,001 – \$139,000	\$139,001 – \$193,000	\$193,001 – \$246,000	\$246,001 or more	
Single Filers Enter	\$37	\$49	\$56	\$68	\$74	\$117	
Joint Filers Enter	\$74	\$98	\$112	\$136	\$148	\$234	
32. State Sales Tax Ref full-year Colorado re to file a return. Use t	esidents who are the amount on li	e under the age on the age on the second s	of eighteen but a	re required ove. See			
instructions if you ar	e filing an exten	sion.		• 32			00
33. Sum of lines 26 and	32			33		567	00
34. Overpayment, if line	33 is greater that	an line 17 then s	ubtract line 17 fro	om line 33 34		404	00
35. Estimated Tax Credi	it Carryforward t	o 2022 first qua	rter if anv	• 35			00
		·	-				
If you have an overpayr Colorado charity, includ				Il or a portion of	your overpayme	ent to a quali	ied
36. Refund, subtract line	e 35 from line 34	(see instruction	s)	• 36		404	0 0
Direct Routing Nun Deposit Account Nur			8 Type: X 5 8 9 2	Checking	Savings	CollegeInvest §	529
For questions regar		et direct denosit or	to open an accour	nt visit Collegelav	est org or call 800	440.0404	

DR 0104 (12/07/21) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 4 of 4

210104 41555	Page 4 of 4				
Name				SSN or ITIN	
HASMITHA CHATLA				020-21-78	26
37. Net Tax Due, subtract line 33 from line	17	37			0 0
38. Delinquent Payment Penalty (see instru	uctions)	• 38			0 0
39. Delinquent Payment Interest (see instru		• 39			0 0
40. Estimated Tax Penalty, you must subm (see instructions)	it the DR 0204 with your	return. • 40			0 0
41. Amount You Owe, sum of lines 37 throu	ugh 40	• 41			
The State may convert your check to a one-time electronic ban your check will not be returned. If your check is rejected due to account electronically.	•				
	Third Party Desig	gnee			
Do you want to allow another person to discuss return and any related information with the Colo Department of Revenue? See the instructions.		Yes. Comple	ete the fo	ollowing:	
Designee's Name			Phone N	lumber	
•			•		
Sign Below Under penalties of perjury, I declare the	hat to the best of my knowledge	e and belief, this return is tru	ue, correct	and complete.	
Your Signature				Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.				Date (MM/DD/YY)	
Paid Preparer's Name			Paid Pre	parer's Phone	
	SELF PREPARE	D			
Paid Preparer's Address	City		State	ZIP Code	

File and pay at: Colorado.gov/RevenueOnline

If you are filing this return **with** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000**6** If you are filing this return **without** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000**5**

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.





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Form 104CR

Individual Credit Schedule 2021

Taxpayer's Last Name	First Name	Middle Initial	SSN or ITIN		
CHATLA	HASMITHA		020-21-7826		

Use this schedule to calculate your income tax credits. For best results, visit *Tax.Colorado.gov* to research eligibility requirements and other information about these credits before following the line-by-line instructions contained below.

- · Be sure to submit the required supporting documentation as indicated for each credit.
- Most e-file software and tax preparers have the ability to submit this schedule and attachments electronically. However, Revenue Online can also be used to file your return and attachments electronically. Otherwise, include all required documents with your paper return.
- If you received any of these credits from a pass-through entity, be sure to provide the entity's name and account number and your ownership percentage where required. If credits were passed through from multiple entities, submit with your return a written statement that includes all relevant information.
- Dollar amounts shall be rounded to the nearest whole dollar. Calculate percentages to the fourth decimal place. Round to four significant digits, e.g. xxx.xxxx

Part I — Refundable Credits

1.	Child Care Expenses Credit from the DR 0347, you must submit the DR 0347 with	
	your return. • 1	00

SSN Filers Only - Earned Income Tax Credit (EITC) - full or part-year Colorado residents who claim the federal EITC are allowed an earned income tax credit against their income tax. Complete the table for each qualifying child. Read the instructions in the 104 book and Income Tax Topics: Earned Income Tax Credit for additional guidance on completing this section. Only check the "Deceased" box for a qualifying child if the child was born and died in 2021 and was not assigned an SSN. You must submit a copy of the child's birth certificate, death certificate, or hospital records showing a live birth with your return.

2. Enter the amount of E	arned Income calc	ulated for your federal return	n	• 2	17683	00
3. The federal EITC you	claimed.			• 3	575	00
Qualifying Child's Last Name		Qualifying Child's First Name	Year of Birth	• SSN	Decease	d*
					•	
					•	
					•	
					•	
		*Check only if child was d	eceased before	SSN was assigned in 20	21. see instructio	ons.



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210104CR21555	Page 2 of 4			
Name			SSN or ITIN	
HASMITHA CHATLA			020-21-7826	
4. COEITC, multiply line 3 by 10% (0.10)		4	58	00
5. Part-year residents only, multiply line 4 by			41	
DR 0104PN (If the percentage exceeds 10		5		00
 Business Personal Property Credit: Us instructions to calculate. You must submit 				
with your return.		6		00
7. Refundable Renewable Energy Tax Credit				
submit the DR 1366 with your return.		7		00
8. ITIN Filers Only - Expanded Colorado Ear		21)		
of form DR 0104TN. You must submit the I		8		00
 Total Refundable Credits, sum of lines 1, 4 DR 0104 line 25. 	(or 5), 6, 7, and 8. Enter the sum on the	9	41	00
Part II — Cr	edit for Tax Paid to Another Sta	te		
must submit the DR 0104CR for each stat 17 to disclose the combined total for each strongly recommends electronic filing electronically may result in delays proc	ch line. A summary schedule is not a for taxpayers with credits for more th	ccept	able. The Department	
Submit a copy of the tax return for each other a include the adjusted gross income calculation, for the other state.				
10. Name of other state:				
11. Total of lines 8 and 9 Form 104		11		00
12. Modified Colorado adjusted gross income				
FYI Income 17.		12		00
13. Total modified Colorado adjusted gross inc	ome	13		00
14. Divide line 12 by line 13. Round to four sign		14		%
				/0
15. Multiply line 11 by the percentage on line 1	4	15		00

16. Tax liability to the other state

00

00

• 16

• 17



Name

DR 0104CR (09/30/21) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 3 of 4

SSN or ITIN

HZ	ASMITHA CHATLA	020-21-7826							
	Part III — Other Credits								
l th	isit <i>Tax.Colorado.gov</i> for limitations that are specific to each the total credit that is available (the amount generated this polumn to report the amount you are using this year to offe	year plus any prior-year carry							
		Available Credit Column (A) ●		Credit Used Column (B) ●					
	Plastic recycling investment credit, you must submit required receipts with your return. • 18 astic recycling net expenditures amount (fill below):		00	00					
	Colorado Minimum Tax Credit • 19 D21 Federal Minimum Tax Credit (fill below):		00	0					
	Carry forward of prior year Historic PropertyPreservation credit (per §39-22-514, C.R.S.).• 20		00	0(
21.	Child Care Center Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. • 21		00	00					
22.	Employer Child Care Facility Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return.		00	00					
	School-to-Career Investment credit, you must submit a copy of the certification with your return. • 23		00	0(
	Colorado Works Program credit, you must submit a copy of the letter from the county Department of Social/Human Services with your return. • 24 Child Care Contribution credit, you must submit each		00	0(
	DR 1317 with your return. • 25 Long-term Care Insurance credit, you must submit a year-end statement to show premiums paid with your	0	00	00					
27.	return. See FYI Income 37. • 26 Aircraft Manufacturer New Employee credit, you must submit the DR 0085 and DR 0086 with your return. • 27		00	00					
28.	Credit for Environmental Remediation of Contaminated Land, you must submit a copy of the CDPHE certification with your return. • 28		00	00					
	Colorado Job Growth Incentive credit, you must submit certification from OEDIT with your return. • 29 Certified Auction Group License Fee credit, you must		00	0(
	submit a copy of the certification with your return. • 30 Advanced Industry Investment credit, you must submit		00	00					
32.	a copy of the certification with your return. • 31 Affordable Housing credit, you must submit CHFA certification with your return. • 32		00	00					



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Name			SSN or ITIN
HASMITHA CHATLA			020-21-7826
	Available Credit Column (A) ●		Credit Used Column (B) ●
 33. Carry forward of prior year Credit for Food Contributed to Hunger-Relief Charitable Organizations, you must submit each DR 0346 and federal schedule F with your return. 		00	00
 34. Preservation of Historic Structures credit (per §39- 22-514.5, C.R.S.) carried forward from a prior year. 	C	00	0.0
 35. Preservation of Historic Structures credit (per §39-22-514.5, C.R.S.), you must submit the certificate from OEDIT, History Colorado, or local granting authority with your return. 35 	C	00	0.0
36. If you are claiming the Preservation of Historic Structur certificate number issued by OEDIT, History Colorado,		36	
 37. Rural Jump–Start Zone credit, you must submit certificate from Office of Economic Development AND the DR 0113 with your return. 37 		00	00
 38. Rural & Frontier Health Care Preceptor credit, you must submit your certification with your return. 38 		00	00
 39. Retrofitting a Residence to Increase a Residence's Visitability Credit, you must submit certificate from Division of Housing. 		00	0.0
If you are claiming a Retrofitting a Residence to Increase a Residence's Vis	sitability Credit, enter your credit certific	ate n	umber issued by Division of Housing
 40. Credit for employer contributions to employee 529 plan, you must submit DR 0289 with your return. 40 	C	00	0.0
 41. Credit for employer paid leave of absence for live organ donation. Employer must complete and submit form DR 0375 with their return. 	C	00	0.0
 42. Total of column A lines 18 through 41 (exclude line 36 certificate number) 42 	-	00	
43. Nonrefundable Credits Used, total of column B plus any line 36 certificate number. Also enter this amount on the cannot exceed credit available.		d	0.0



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Form 104PN

Part-Year Resident/Nonresident Tax Calculation Schedule 2021

Taxpayer's Name		SSN or ITIN							
HASMITHA CH	ATLA	020-21-7826							
your gross inc	Use this form if you and/or your spouse were a resident of another state for all or part of 2021. This form apportions your gross income so that Colorado tax is calculated for only your Colorado income. Complete this form after you have filled out lines 1 through 7 of the DR 0104. If you filed federal form 1040NR, see the instructions.								
	Beginning (r	MM/YY) Ending (MM/YY)							
1. • Taxpayer is	s (mark one): Full-Year Nonresident X Part-Year Resident from	21 12/21							
	Full-Year Resident Nonresident 305-day rule Military								
2. • Spouse is	(mark one): Full-Year Nonresident Part-Year Resident from	MM/YY) Ending (MM/YY)							
	Full-Year Resident Nonresident 305-day rule Military								
3. ● Mark the f	ederal form you filed: X 1040 1040 NR 1040 SR Othe	ſ							
		olorado Information							
4. Enter all inc 1040 SP lin	come from form 1040, 1040 SR, or e 1. • 4 17683 00								
while you w	e from line 4 that was earned while working in Colorado and/or earned ere a Colorado resident. Part-year residents should include moving mbursements only if paid for moving into Colorado. • 5	12405 00							
	um of all interest/dividend income 040, 1040 SR or 1040 SP lines 2b • 6 00								
	e from line 6 that was earned while you were a resident of Colorado or the ownership of real or tangible personal property located in Colorado. • 7	0 00							
	ome from form 1040, 1040 SR or 1040 SP,								
9. Enter incom	e from line 8 that is from State of Colorado unemployment benefits; and/or is state's benefits that were received while you were a Colorado resident. • 9	00							
10. Enter all incon	ne from line 7 of form 1040, 1040 SR, or 1040 SP ichedule 1 of form 1040, 1040 SR or 1040 SP. • 10								
	e from line 10 that was earned during that part of the year you were a sident and/or was earned on property located in Colorado. • 11	0 00							

210104PN21555

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Name		SSN or ITIN	
HASMITHA CHATLA		020-21-78	826
	Federal Information	Colorado Infor	mation
12. Enter the sum of all income from form 1040, 1040 SR,			
or 1040 SP lines 4b, 5b and 6b. • 12	00		
13. Enter income from line 12 that was received during that	part of the year you were a		
Colorado resident.	• 13		00
14. Enter the sum of all business and farm income from			
form 1040, 1040 SR, or 1040 SP, Schedule 1, lines 3			
and 6. • 14	00		
15. Enter income from line 14 that was earned during that pa	art of the year you were a		
Colorado resident and/or was earned from Colorado sou	urces. • 15		00
16. Enter all Schedule E income from form 1040, 1040 SR,			
or 1040 SP, Schedule 1, line 5. • 16	00		
17. Enter income from line 16 that was earned from Colorad	o sources; and/or rent and		
royalty income received or credited to your account duri			
were a Colorado resident; and/or partnership/S corporat	ion/fiduciary income that is		
taxable to Colorado during the tax year.	• 17		00
18. Enter the sum of all other income from form 1040,			
1040 SR, or 1040 SP, Schedule 1, lines 1, 2a			
and 9. • 18	00		
List Type			
19. Enter income from line 18 that was earned during that particular that the particular that particular that the particular the particular the particular that the particular the			
Colorado resident and/or was derived from Colorado so	urces. • 19		00
List Type			
20 Total Income Enter amount from form 1040, 1040 SD			
 Total Income. Enter amount from form 1040, 1040 SR, or 1040 SP, line 9. 	17686 00		
21. Total Colorado Income. Enter the total from the Colorad	o column, lines 5, 7, 9, 11,		10405
13, 15, 17 and 19.	21		12405 00
22. Enter all federal adjustments from form 1040, 1040 SR,			
or 1040 SP, line 10. • 22	00		
List Type			
23. Enter adjustments from line 22 as follows	• 23		00
List Type			
 Educator expenses, IRA deduction, business expenses 			
government officials, health savings account deduction			
deduction, SEP and SIMPLE deductions are allowed in	the ratio of Colorado wages a	nd/or self-employme	ent
income to total wages and/or self-employment income.		the Optower de te f	danal
 Student loan interest deduction, alimony, and tuition and total income ratio (line 21 (line 20)) 	a rees deduction are allowed in	the Colorado to fee	berai
total income ratio (line 21 / line 20).Penalty paid on early withdrawals made while a Colorad	to resident		
Moving expenses for members of the Armed Forces.			
For treatment of other adjustments reported on federal fo Individual Income Tax Guide and/or the Income Tax Topic			rado
•			



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Name			SSN or ITIN				
HASMITHA CHATLA			020-21-7826				
	Federal Information		Colorado Information				
24. Adjusted Gross Income. Enter amount from form 1040, 1040 SP, or 1040 SR line 11. 24	17686	00					
25. Colorado Adjusted Gross Income. Subtract the amount from the amount on line 21 of Form 104PN.		25	12405 00				
 26. Additions to Adjusted Gross Income. Enter the sum of lines 3 and 4 of Colorado Form 104 excluding any charitable contribution adjustments. 		00					
27. Additions to Colorado Adjusted Gross Income. Enter line 26 that is from non-Colorado state or local bond a Colorado resident.*	interest earned while	27	00				
28. Total of lines 24 and 26 28	17686	00					
29. Total of lines 25 and 27	1	29	12405 00				
 30. Subtractions from Adjusted Gross Income. Enter the amount from line 6 of Colorado Form 104 excluding any qualifying charitable contributions. 30 		00					
31. Subtractions from Colorado Adjusted Gross Income. Enter any amount from line 30 as follows:	1	31	00				
 The state income tax refund subtraction to the extent included on line 19 above The federal interest subtraction to the extent included on line 7 above The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above The Colorado capital gain subtraction to the extent included on line 20 above For treatment of other subtractions, see the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents. 							
32. Modified Adjusted Gross Income. Subtract line 30 from line 28. 32	17686	00					
 33. Modified Colorado Adjusted Gross Income. Subtract line 34. Divide line 33 by line 32. Round to four significant digits, e.g. xxx.xxxx 34 	70.1402	33 %	12405 00				
 35. Tax from the tax table based on income reported on the 36. Apportioned tax. Multiply line 35 by the percentage on 	e DR 0104 line 7	35	232 00				
line 34. Enter here and on DR 0104 line 8. 36	163	00					

* See the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents for treatment of other additions.



Hasmitha Chatla 3200 W 14th Ave Denver, CO 80204-2290

1

Balance Due/ Refund	<pre>Your Illinois state tax return (Form IL-1040) shows a refund due to you in the amount of \$66.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 291029105892 Routing Transit Number: 081904808.</pre>							
Where's My Refund?	Before you call the Illinois Department of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Illinois Department of Revenue directly at 1-217-782-3336. From outside of Illinois use 1-800-732-8866. You can also visit the Illinois Department of Revenue web site at www.ILtax.com.							
What You Need to Sign	 Sign and date Form IL-8453 within 1 d 	ay of ac	ceptance.					
Do Not Mail	Do not mail a paper copy of your tax electronically, the Illinois Departme return.		-					
What You Need to Keep	Your Electronic Filing Instructions (this form) A copy of your state and federal returns Copies of all W-2 and 1099 forms Copies of other states' tax returns, if applicable							
2021 Illinois Tax Return Summary	 Taxable Income Total Tax Total Payments/Credits Amount to be Refunded 	\$ \$ \$	4,570.00 226.00 292.00 66.00					

Individual Income Tax Return

Illinois Department of Revenue 2021 Form IL-1040

or for fiscal year ending Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

ID: 3WM REV 03/29/22 TTO

		1993	3	
020-21-7826				
Hasmitha		Chatla		n an
3200 W 14th Ave			07-273	
Denver	CO	802042290	COOK	

			g jointly 🔝 Married filing separately 🔛 Wido			
С	Che	eck If someone can claim you, or your sp	ouse if filing jointly, as a dependent. See instruct	ions. You	Spouse	
			2021: Nonresident - Attach Sch. NR 🗙 F			NR Z
_						
	Sie	p 2: Income	ur federal Form 1040 or 1040-SR, Line 11.		(Whole	dollars only) 17,686.00
	2		lend income from your federal Form 1040 or 10	MACE Line On	2	
	2	Other additions. Attach Schedule M.	iend income nom your iederal Form 1040 of it	040-3n, Line za.	3	<u>.00</u>
	4	Total income. Add Lines 1 through 3.			3 4	<u>.00</u> 17,686.00
•		<u> </u>				<u> </u>
Ø		p 3: Base Income				=
e	5	Social Security benefits and certain re		_		E E
4 8	_	received if included in Line 1. Attach F		5	.00	Z T
Ĕ	6	Illinois Income Tax overpayment include	ed in federal Form 1040 or 1040-SR,			Ž
0	_	Schedule 1, Ln. 1.		6		_
91	7	Other subtractions. Attach Schedule		1	.00	RIES
60	•	Check if Line 7 includes any amount			0	ü
11	8	Add Lines 5, 6, and 7. This is the total			8	<u>.00</u> 17,686.00
na	9	Illinois base income. Subtract Line 8	from Line 4.		9	<u>17,686.00</u>
Staple W-2 and 1099 forms here		p 4: Exemptions				
ž	10		self and your spouse. See instructions.		75 _{.00}	HIS
9			□ Spouse # of checkboxes X \$1,000	= b	.00	Ţ
d		c Check if legally blind: 🗌 You +			.00	
Sta			the amount from Schedule IL-E/EIC, Step 2, Line	1.		Ň
0)		Attach Schedule IL-E/EIC.		d	0.00	0 0 7 7
		Exemption allowance. Add Lines 10a	ι through 10d.		10	2,375.00
T		p 5: Net Income and Tax				
	11	Residents: Net income. Subtract Line	e 10 from Line 9.			
		Nonresidents and part-year residen	ts: Enter the Illinois net income from Schedule N	IR. Attach Schedule	NR. 11	4,570.00
	12	Residents: Multiply Line 11 by 4.95%				
>		Nonresidents and part-year residen	ts: Enter the tax from Schedule NR.		12	226.00
6	13	Recapture of investment tax credits. A	ttach Schedule 4255.	`	13	.00
64	14	Income tax. Add Lines 12 and 13. Cal	nnot be less than zero.		14	226.00
F.	Ste	p 6: Tax After Nonrefundable Cree	dits			
1			an Illinois resident. Attach Schedule CR.	15	.00	
pu	16	Property tax and K-12 education expe				
a		Attach Schedule ICR.		16	.00	
Š	17	Credit amount from Schedule 1299-C.	Attach Schedule 1299-C.	17	.00	
he	18		tal of your credits. Cannot exceed the tax amou	unt on Line 14.	18	0.00
S S	19	Tax after nonrefundable credits. Sul			19	226.00
Б	Ste	p 7: Other Taxes				
X		Household employment tax. See instru	ictions		20	.00
le			er out-of-state purchases from UT Worksheet o	r I IT Table	20	.00
Staple your check and IL-1040-V		in the instructions. Do not leave blank			21	0.00
ŝ	22		bis Program Act and sale of assets by gaming lic	ensee surcharges	22	.00
	23	Total Tax. Add Lines 19, 20, 21, and 2			23	226.00
▼	20	10101 107. AUU LINES 13, 20, 21, diu 2	<u>ــــــــــــــــــــــــــــــــــــ</u>		20	220.00
			This form is authorized as outlined under the Illinois In-			
		IL-1040 2D Front (R-12/21)	come Tax Act. Disclosure of this information is required.			







24	Total tax from Page 1, Line 23.	24	226.00					
Step 8: Payments and Refundable Credit								
25	Illinois Income Tax withheld. Attach Schedule IL-WIT. 25_26	1.00						
26	Estimated payments from Forms IL-1040-ES and IL-505-I,		N					
	including any overpayment applied from a prior year return. 26	.00	U H					
27	Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27	.00	A					
28	Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28	.00	Ð					
29	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 293	1.00	N N N					
30	Total payments and refundable credit. Add Lines 25 through 29.	30	<u>292.00</u>					
Ste	ep 9: Total		Ē					
31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31	66 <u>.00</u> m					
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	32						
Ste	ep 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for	late-payment	penalty					
for	underpayment of estimated tax or to make a voluntary charitable donation.		, Si					
33	Late-payment penalty for underpayment of estimated tax. 33	00	9					
	a 🔲 Check if at least two-thirds of your federal gross income is from farming.		Ë					
	b Check if you or your spouse are 65 or older and permanently living in a nursing home.		Ĥ					
	c 🔲 Check if your income was not received evenly during the year and you annualized your income on F	orm IL-2210.	코					
	Attach Form IL-2210.		AN					
	d 🗌 Check if you were not required to file an Illinois Individual Income Tax return in the previous tax yea	r.	S I					
34	Voluntary charitable donations. Attach Schedule G. 34	.00	G					
35	Total penalty and donations. Add Lines 33 and 34.	35	<u>A 00.</u>					
Ste	ep 11: Refund		292.00 66.00 penalty .00 .00					
36	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.							
	This is your overpayment .	36	<u>66.00</u> 9					
37	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.	37	66.00 -					
38	I choose to receive my refund by		등					
	a X direct deposit - Complete the information below if you check this box.		Ē					
		or Savings	66.00 ON THIS FORM					
	to college savings funds	Savings	5					
	here. See instructions! Account number 2 9 1 0 2 9 1 0 5 8 9 2							
	b 🔲 paper check.							
39	Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.	39	.00					
Ste	ep 12: Amount You Owe							
40	If you have an amount on Line 32, add Lines 32 and 35. - or -							
	If you have an amount on Line 31 and this amount is less than Line 35,							
	subtract Line 31 from Line 35. This is the amount you owe . See instructions.	40	.00					
Ct/	ep 13: If this is a joint return, both you and your spouse must sign below.	-						
ວເຮ	ep 13: If this is a joint return, both you and your spouse must sign below.							

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature		Date (mm/dd/yyyy) Spouse's signature Da		Date (mm/dd/yyyy)	Daytime phone number			
Here							(720) 878-9048		
	Print/Type paid preparer's name				Paid preparer's signature		Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN
Paid				Self-Prepared			self-employed		
Preparer Use Only	Firm's name	irm's name					Firm's FEIN		
	Firm's address						Firm's phone	()	
Third	Designee's name (please print)			Designee's phone number		nber	Check if the Department may discuss this return with the third		
Party									
Designee						()		party designed	e shown in this step.

Refer to the 2021 IL-1040 Instructions for the address to mail your return.



٦	Illinois Department of Re	venue
Į	2021 Schedule	NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident **Computation of Illinois Tax**

IL Attachment No. 2

	Hasmitha Chatla	0 2 0 - 2 1 - 7 8 2 6								
_	Your name as shown on your Form IL-1040	Your Social Security number								
S	Step 1: Provide the following information									
1	Were you, or your spouse if "married filing jointly," a full-year resider	it of Illinois during the tax year?								
	Yes X No If you answered "Yes," STOP yo	u cannot use this form (see instructions).								
2	If you, or your spouse if "married filing jointly," were a part-year resid	lent during the tax year, tell us your residency dates for 2021.								
	a I lived in Illinois from <u>01</u> / <u>01</u> / <u>2</u> <u>1</u> to <u>06</u> / <u>30</u> / <u>2</u> <u>1</u> Month Day Year Month Day Year	lived in $\frac{\text{Colorado}}{\text{State}}$ from $\frac{07}{01}/\frac{01}{21}$ to $\frac{12}{12}/\frac{31}{21}/\frac{21}{21}$ State Month Day Year Month Day Year								
	b My spouse lived in Illinois from// <u>2</u> <u>1</u> to// <u>2</u> Month Day Year Month Day Ye									
3	If you were a resident of any of the states listed below during the tax was in the military, or if you elected to use your service member spo	x year, if you were in Illinois only to accompany your spouse who buse's state of residence for tax purposes, check the appropriate box.								
	Iowa Kentucky Michigan	Wisconsin Military Spouse								
4	List any state other than Illinois or any states already indicated on L Enter the two-letter abbreviation of that state.	ine 2 or 3 above, that you claimed residency for tax purposes in 2021.								

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

				Column A Federal Total	Column B Illinois Portion
	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5 _	17,683 _{.00}	<u> </u>
	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	1.00	0.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8_	.00	.00
	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9_	.00	.00
	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	2.00	0.00
	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
ome	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
ğ	14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	.00	0.00
	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00
	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9			
		Include winnings from the Illinois State Lottery as Illinois income in Column B.	19	.00	.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in	come	. 20	5,278 _{.00}
		Continue with Step 3 on Page 2			



Schedule NR – Page 2

Step 3: Continued

St	ер	3: Continued		lumn A eral Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	<u> </u>
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
	I 1	government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00	.00
ne	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
δ	I 1	Schedule 1, Line 14)	25		.00
Income	26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26	.00	.00
5	27	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27	.00	.00
	28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28	.00	.00
Į		Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)			.00
Ĕ		Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30		.00
djustments	31		31		.00
Ë	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	.00
Ž	33	RESERVED	33		
	34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00	.00
	35	Other adjustments (see instructions)	35	.00	.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
	I 1	adjustments to income.		36	.00
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	17,686 _{.00}	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss income	. 38	5,278 _{.00}

Step 4: Figure your Illinois additions and subtractions

In the ហ	e inst	nn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
lent	39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3)	39 40	.00	.00
listn		Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	5,278.00
Adiu	43	Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,	42	.00	.00
lisi		Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
ΙΞ	45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00

Step 5: Figure your Illinois income and tax

	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is			
	I	your Illinois base income.		46	5,278.00
S	I	If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
5	47	Enter the base income from Form IL-1040, Line 9.	47	17,686 _{.00}	
lations	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
Щ,	I	decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 298	
Calcul	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,375.00	
Ca	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
	I	allowance.		50	708.00
Тах	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
-	I	Enter the amount here and on your Form IL-1040, Line 11.	\rightarrow	• 51	4,570.00
	52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than	zero.		
		Enter the amount here and on your Form IL-1040, Line 12.			
		This is your tax.	\rightarrow	52	226.00



Illinois Department of Revenue 2021 Schedule IL-E/EIC

Illinois Exemption and Earned Income Credit

IL Attachment No. 30

Attach to your Form IL-1040

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties. You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

Step 1: Provide the following information

Hasmitha Chatla	0	2	0	2	1	_ 7	8	2	6
Your name as shown on your Form IL-1040	Your So	cial Secu	urity numl	ber					

Illinois Dependent Exemption Allowance Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit

 Multiply the total number of dependents you are claiming by \$2,375. ____0 X \$2,375 Enter the result here and on Form IL-1040, Line 10d.

Continue to Page 2 to calculate Illinois Earned Income Credit



1

0.00



Illinois Earned Income Credit

Complete this section **only** if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2. <u>ENote</u> If you are not claiming a qualifying child, do not complete the table below.

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

		Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	
1	Ente	er your wages, salarie	s and tips from your feder	al Form 1040 or 104	0-SR, Line 1.		1		17,6	83.00
	Ente	er your business inc	ome or (loss) from your nt on Line 2, you must	federal Form 1040	or 1040-SR, Sc		2			
2a	-	-	quire a city, state, or coun	-			_	Yes] No	.00
			Line 2a, you must enter		-					
	or c	ertification number.								-
	-		Issuing Agency		Li	cense, Registration	n, or Certif	ication Num	ber	-
										-
	ŀ									-
										-
										-
	l									
3	-		1 federal return as marri eparately, enter your fed	·· ·						
	mar	ried filing jointly fede	ral Form 1040 or 1040-5	SR, Line 11.	. ,	-	3_			.00
За	-	ou entered an amou ried filing jointly fede	nt on Line 3, enter your eral return	spouse's Social Se	ecurity number f	rom your	3a	_	_	
4			box marked on your W-2,	Wage and Tax State	ment, Box 13?		4	Yes] No [>	 <]
51	'n	4. Figure vo	our Illinois Ear	ned Income	Credit					
5	Ente	er the amount of fed	eral Earned Income Cre			1040-SR, Line 2	27a. 5 _			75.00
		tiply the amount on ois residents: Ente	Line 5 by 18% (.18).				6_		1	04.00
1			er 1.0. t-year residents: Enter	the decimal from S	Schedule NR, Li	ne 48.	7 _	0 🖕 29	800	
8	3 Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit.									

Enter this amount here and on your Form IL-1040, Line 29.

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act

→ 8_

31.00



Illinois Department of Revenue

2021 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.								
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A					
W-2	W	1099-DIV	D					
W-2G WG		1099-INT	I					
1099-R	R	1042-S	S					
1099-G	G	1099-B	В					
1099-MISC	М	1099-K	K					
1099-OID	0	1099-NEC	Ν					

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Hasmitha Chatla Your name as shown on	Form IL-1040	02 Your Social S		2 1	7 8	2 6		
Column A Form type Column B Employer/Payer Identification Number		Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Illinois W	Column D ages, Winnings, Grosons, Compensation, e	ss Illi	Column E Illinois Income Tax Withheld	
1	36-2167048	\$	5,278 .00	\$	5,278 .00	\$	261 .00	
2		\$	•00	\$	•00	\$	•00	
3		\$	•00	\$	•00	\$	•00	
4		\$	•00	\$	•00	\$	•00	
5		\$	•00	\$	•00	\$	•00	

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type		Column B Employer/Payer Identification Number	Federal Wages	u mn C , Winnings, Gross Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld	
6			\$	•00	\$	•00	\$	•00	
7			\$	•00	\$	•00	\$	•00	
8			\$	•00	\$	•00	\$	•00	
9			\$	•00	\$	•00	\$	•00	
10			. \$	•00	\$	•00	\$	• <u>00</u>	

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

➡ Attach all Schedules IL-WIT to your IL-1040.

35	Illinois Department of Re	venue		
S.	-	s Individual	Income Tax Elect	ubmission ID tronic Filing Declaration ess it is requested for review.)
Step	1: Provide taxpayer information			
	Hasmitha First name and middle initial Spouse's first name	Chat:		0 2 0 – 2 1 – 7 8 2 6 Social Security number
Print	3200 W 14th Ave 07-273		nt) Last hame	
or type	Mailing address			Spouse's Social Security number
Jbo	Denver	CO	80204-2290	(720) 878-9048
	City	State	ZIP	Daytime phone number
Step	2: Complete information from tax r	eturn		
1 1	Net income from Form IL-1040, Line 11			1 <u>4,570</u> <u>00</u>
	Tax from Form IL-1040, Line 14			2 - 226 00
	Ilinois Income Tax withheld from Form IL-1	040, Line 25 only ((enter " 0 " if none)	3 <u>261</u> <u>00</u> 4 <u>66</u> <u>00</u>
	Overpayment from Form IL-1040, Line 36 Total amount due from Form IL-1040, Line	40		5 <u>100</u>
	Filing status: X Single Married filing		d filing separately Wide	
does within 7 F 8 A 9 1 10 C 11 E 12 F	not support international ACH transactions	B 0 8 0 1 0 5 8 0 1 0 5 8 0 1 0 5 8 0 1 0 5 8 avings	form direct transactions (<i>e.g.</i> Electronic payments will not	within the electronic transmission. Illinois ., debit, deposit) with financial institutions located be accepted and refunds will be via paper check.
×	I consent that my refund may be directly correct. If I have filed a joint return, this			e the information on Lines 7 through 9 is use as an agent to receive the refund.
	involved in the processing of an electron and resolve issues related to the payme	nic portion of my 20 nic overpayment of ent.	21 Illinois Individual Income taxes to receive confidentia	e Tax return. I authorize the financial institutions I information necessary to answer inquiries
Ļ	I do not want direct deposit of my refund			
origin and a	accompanying information may be sent to II	knowledge, my retu DOR by my ERO. I a	rn is true, correct, and comp authorize IDOR to inform my	ERO and/or the transmitter when my return has ay be corrected and retransmitted if possible.
Sign		Date	Spouse's signature (if	joint return, both must sign) Date
	Your signature 5: Electronic return originator (ER			
l decl have	are that I have examined this taxpayer's e	lectronic Form IL-10 and declare, under	040, the information on this	Form IL-8453, and accompanying information. I the best of my knowledge the taxpayer's return
	Self-Prepared ERO's signature		Date	Check if paid preparer: (See instructions.)
ERO use only	Firm's name or your name if self-employed			Your PTIN
Jiny	Mailing address			Federal employer identification number (FEIN)
	City	State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



E1040	· ·	artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No. 15	45-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single D Married filing jointly unchanged the MFS box, enter the norm is a child but not your dependent	ame of	-	separately ouse. If you	. ,				,		, ,	low(er) (QW) ne qualifying	
Your first name	and mi	ddle initial	Last na	me							Your so	ocial securi	ty number	
Hasmitha				la							020-21-7826			
If joint return, spouse's first name and middle initial											Spouse's social security number			
3200 W 14th Ave 07-273 Ch							Check	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3						
City, town, or post office. If you have a foreign address, also con				mplete spaces below.					ZIP code			to go to this fund. Checking a		
Denver							CO				box below will not change			
Foreign countr	y name	Foreign province/state			e/count	ty	Fore	Foreign postal code			your tax or refund.			
At any time du	uring 20	021, did you receive, sell, exchange,	, or othe	rwise di	spose of a	ny fina	ancial interes	st in an	y virtual o	curre	ncy?	Yes	X No	
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	•				a dependen	t						
Age/Blindness	s You:	Were born before January 2, 1	957	Are b	lind S	ouse	: 🗌 Was b	orn be	fore Janı	uary 2	2, 1957	🗌 ls b	lind	
Dependents	s (see	instructions):		(2) Social security (3) Relationship			ship	(4) 6	🖊 if qu	if qualifies for (see instructions):				
If more	(1) F	irst name Last name		number		to you			Child tax cred		redit	Credit for ot	her dependents	
than four														
dependents, see instruction	s ——												<u> </u>	
and check														
here 🕨 📃														
	1	Wages, salaries, tips, etc. Attach	orm(s)	W-2 .	· · ·						. 1		17,683.	
Attach Sch. Rif	2a	Tax-exempt interest	2a			b Taxable interest		əst			. 2t)		
Sch. B if required.	3a	Qualified dividends	3a			b Ordinary divider					. 3t)	1.	
	4a	IRA distributions	4a			b Taxable amount					. 4t)		
	5a	Pensions and annuities	5a			bΤ	axable amou							
Standard	6a	, <u>_</u>	6a			b Taxable amount								
 Deduction for – Single or 	7	Capital gain or (loss). Attach Sche	dule D if	f require	d. If not red	quired	, check here	•			_ 7		2.	
Married filing	8	Other income from Schedule 1, lin									. 8			
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	our total in	come				.	▶ 9		17,686.	
 Married filing jointly or 	10	Adjustments to income from Schedule 1, line 26							. 10					
Qualifying	11	Subtract line 10 from line 9. This is your adjusted gross income					· · ·	•••			► <u>1</u> 1	I	17,686.	
widow(er), \$25,100	12a								0.					
 Head of household, \$18,800 	b	Charitable contributions if you take the standard deduction (see instructions) 12b												
	С	Add lines 12a and 12b									C	12,550.		
 If you checked any box under Standard 	13	Qualified business income deduction from Form 8995 or Form 8995-A												
	14	Add lines 12c and 13									12,550.			
Deduction, see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0								. 15	5	5,136.		

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

Form **1040** (2021)

Form 1040 (2021	1)									Page
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16		513.
	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18		513.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812								
	20	Amount from Schedule 3, line 8						20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		513.
	23	Other taxes, including self-end	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is your total tax						24		513.
	25	Federal income tax withheld				1 1				my knowledge and s any knowledge. u an Identity hter it here ur spouse an n PIN, enter it here
	а	Form(s) W-2				25a	1,489	·		
	b	Form(s) 1099				25b		_		
	с	Other forms (see instructions	3)			25c				
	d	Add lines 25a through 25c						25d		1,489.
If you have a	26	2021 estimated tax payment	s and amount a	pplied from 20	20 return .			26		
qualifying child,	27a	Earned income credit (EIC)				27a	575	<u> </u>		
attach Sch. EIC.		taxpayers who are at least a	u satisfy all the ge 18, to claim t	e other requi	rements for					
	b	Nontaxable combat pay elec		all the other requirements for claim the EIC. See instructions ▶ 27b 27c child tax credit from Schedule 8812 08863, line 8 10 11 11 12 13 13 13 14 15 15 16 17 18 19 10 11 10 11 12 13 14 15 16 17 18 19 19 10 10 10 11 10 11 11 12 13 14						
	С	Prior year (2019) earned inco								
	28							_		
	29							_		
	30									
	31							_	ļ	
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits							1	
	33									
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							-	2,951.
Direct deposit? See instructions.	►b	Routing number 0 8 1 9 0 4 8 0 8 ► c Type: X Checking Savings								
	►a	Account number 2 9 1 0 2 9 1 0 5 8 9 2								
	36	Amount of line 34 you want a				36				
Amount	37	Amount you owe. Subtract					. 🕨	37		
You Owe	38	Estimated tax penalty (see in				38				
Third Party Designee	ins	you want to allow another structions signee's	person to discuss this return with the IRS? See 			. 🕨 🗌 Yes. 🤇	Yes. Complete below. X No			
		me 🕨	no. ►			nur				
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com								
TICIC	Yo	ur signature	Date Your occupation							
laint nation 0	N.		(linical Distrib		bution Droject M		e inst.)			
Joint return? See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Clinical Distribution Project Manag Spouse's occupation			f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
	Ph	one no. (720)878-9048	8	Email address	1		I			
		eparer's name				PTIN		Check if:		
Paid									Self-	employed
Preparer	Fin	m's name ► Self-Pre				Pho	one no.			
Use Only	Firm's address							n's EIN I	•	
-		n1040 for instructions and the late	- + !		BAA	REV 03/26/22 TTO				1040 (202