

Review your print out for checklist items.

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

Your first name and middle initial: Jitendra
Last name: Harpalani
Your social security number: 086-98-9586
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
45 River Dr S
Apt. no.: 2215
Presidential Election Campaign: [] You [] Spouse
City, town, or post office. If you have a foreign address, also complete spaces below.
Jersey City
State: NJ
ZIP code: 073103727
Foreign country name:
Foreign province/state/county:
Foreign postal code:

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

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

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

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Row 1: Dishina J, Harpalani, 797-38-5108, Daughter, [X], []

Main tax calculation table with 15 rows. Line 1: 30,006. Line 9: 30,006. Line 11: 30,006. Line 12a: 18,800. Line 15: 11,206.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	1,123.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	1,123.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	300.
21	Add lines 19 and 20	21	300.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	823.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	823.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	4,329.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	4,329.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	3,600.
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	2,800.
31	Amount from Schedule 3, line 15	31	3,334.
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	9,734.
33	Add lines 25d, 26, and 32. These are your total payments	33	14,063.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	13,240.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	13,240.
Direct deposit? See instructions.	b Routing number 0 2 1 2 0 0 3 3 9 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 3 8 1 0 6 1 0 9 4 0 2 0		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (969) 945-3388 Email address _____

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Self-Prepared			Phone no.
Firm's address				Firm's EIN

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Jitendra Harpalani

Your social security number
086-98-9586

Part I Nonrefundable Credits

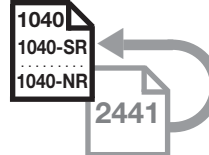
1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	300.
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount ▶ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	300.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
c	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g	3,334.	
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
z	Other payments or refundable credits. List type and amount ► _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	3,334.
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	3,334.

Child and Dependent Care Expenses



Department of the Treasury
Internal Revenue Service (99)

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

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Jitendra Harpalani

Your social security number

086-98-9586

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box

B For 2021, your credit for child and dependent care expenses is refundable if you, or your spouse if married filing jointly, had a principal place of abode in the United States for more than half of 2021. If you meet these requirements, check this box

Part I Persons or Organizations Who Provided the Care—You must complete this part.

If you have more than three care providers, see the instructions and check this box

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Check here if the care provider is your household employee. (see instructions)	(e) Amount paid (see instructions)
	Rekhaben Sojitra	89 Terrace Ave Jersey City NJ 07307	151-67-6078	<input type="checkbox"/>	5,000.
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Did you receive dependent care benefits? **No** → Complete only Part II below.
Yes → Complete Part III on page 2 next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2021 but didn't pay them until 2022, or if you prepaid in 2021 for care to be provided in 2022, don't include these expenses in column (c) of line 2 for 2021. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2021 for the person listed in column (a)
First	Last		
Dishina J	Harpalani	797-38-5108	6,667.

3	Add the amounts in column (c) of line 2. Don't enter more than \$8,000 if you had one qualifying person or \$16,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	3	6,667.
4	Enter your earned income . See instructions	4	30,006.
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	30,006.
6	Enter the smallest of line 3, 4, or 5	6	6,667.
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 30,006.		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7. • If line 7 is \$125,000 or less, enter .50 on line 8. • If line 7 is over \$125,000 and no more than \$438,000, see the instructions for line 8 for the amount to enter. • If line 7 is over \$438,000, don't complete line 8. Enter zero on line 9a. You may be able to claim a credit on line 9b.	8	X .50
9a	Multiply line 6 by the decimal amount on line 8	9a	3,334.
9b	If you paid 2020 expenses in 2021, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, go to line 10	9b	
10	Add lines 9a and 9b and enter the result. If you checked the box on line B above, this is your refundable credit for child and dependent care expenses ; enter the amount from this line on Schedule 3 (Form 1040), line 13g, and don't complete line 11. If you didn't check the box on line B above, go to line 11	10	3,334.
11	Nonrefundable credit for child and dependent care expenses. If you didn't check the box on line B above, your credit is nonrefundable and limited by the amount of your tax; see the instructions to figure the portion of line 10 that you can claim and enter that amount here and on Schedule 3 (Form 1040), line 2	11	

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2021. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	3,333.
13	Enter the amount, if any, you carried over from 2020 and used in 2021. See instructions	13	0.
14	If you forfeited or carried over to 2022 any of the amounts reported on line 12 or 13, enter the amount. See instructions	14	(5,000.)
15	Combine lines 12 through 14. See instructions	15	0.
16	Enter the total amount of qualified expenses incurred in 2021 for the care of the qualifying person(s)	16	5,000.
17	Enter the smaller of line 15 or 16	17	0.
18	Enter your earned income . See instructions	18	30,006.
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	30,006.
20	Enter the smallest of line 17, 18, or 19	20	0.
21	Enter \$10,500 (\$5,250 if married filing separately and you were required to enter your spouse's earned income on line 19). If you entered an amount on line 13, add it to the \$10,500 or \$5,250 amount you enter on line 21. However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions	21	10,500.
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership? <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0.
23	Subtract line 22 from line 15	23	0.
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0.
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	25	0.
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a. On the dotted line next to Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a, enter "DCB"	26	0.

To claim the child and dependent care credit, complete lines 27 through 31 below.

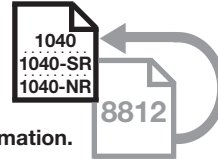
27	Enter \$8,000 (\$16,000 if two or more qualifying persons)	27	
28	Add lines 24 and 25	28	
29	Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2020 expenses in 2021, see the instructions for line 9b	29	
30	Complete line 2 on page 1 of this form. Don't include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

SCHEDULE 8812
(Form 1040)

Credits for Qualifying Children and Other Dependents

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

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2021

Attachment Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Jitendra Harpalani

Your social security number

086-98-9586

Part I-A Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	30,006.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	30,006.	
4a	Number of qualifying children under age 18 with the required social security number	4a	1.	
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	1.	
c	Subtract line 4b from line 4a	4c	0.	
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	3,600.	
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6	0.	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.				
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8	3,600.	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	200,000.	
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	3,600.	
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>			

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	0.
b	Subtract line 14a from line 12	14b	3,600.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	0.
d	Enter the smaller of line 14a or line 14c	14d	0.
e	Add lines 14b and 14d	14e	3,600.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	14f	0.
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	3,600.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	14h	0.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	14i	3,600.

Part I-C Filers Who Do Not Check a Box on Line 13

Caution: If you checked a box on line 13, do not complete Part I-C.

15a	Enter the amount from the Credit Limit Worksheet A	15a	
b	Enter the smaller of line 12 or line 15a	15b	
	Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.		
	1. You are not filing Form 2555.		
	2. Line 4a is more than zero.		
	3. Line 12 is more than line 15a.		
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	
d	Add lines 15b and 15c	15d	
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	15e	
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.	15g	
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	15h	

Part II-A Additional Child Tax Credit (use only if completing Part I-C)

Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a	
b	Number of qualifying children under 18 with the required social security number: _____ x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4a.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
	Next. On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		

Part II-B Certain Filers Who Have Three or More Qualifying Children

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	
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Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)

28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	30	
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000 • All other filing statuses—\$40,000 	33	
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19	40	

Credit for Qualified Retirement Savings Contributions

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8880 for the latest information.**

2021
Attachment
Sequence No. **54**

Name(s) shown on return

Jitendra Harpalani

Your social security number

086-98-9586



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$33,000 (\$49,500 if head of household; \$66,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 2004; **(b)** is claimed as a dependent on someone else's 2021 tax return; or **(c)** was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2021. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2021 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2018 and **before** the due date (including extensions) of your 2021 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
1		
2	1,500.	
3	1,500.	
4		
5	1,500.	
6	1,500.	
7		1,500.
8	30,006.	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9—				
---	\$19,750	0.5	0.5	0.5
\$19,750	\$21,500	0.5	0.5	0.2
\$21,500	\$29,625	0.5	0.5	0.1
\$29,625	\$32,250	0.5	0.2	0.1
\$32,250	\$33,000	0.5	0.1	0.1
\$33,000	\$39,500	0.5	0.1	0.0
\$39,500	\$43,000	0.2	0.1	0.0
\$43,000	\$49,500	0.1	0.1	0.0
\$49,500	\$66,000	0.1	0.0	0.0
\$66,000	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4

9	x 0 .2
10	300.
11	1,123.
12	300.

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

Tax History Report

2021

▶ Keep for your records

Name(s) Shown on Return

Jitendra Harpalani

	Five Year Tax History:				
	2017	2018	2019	2020	2021
Filing status					HH
Total income					30,006.
Adjustments to income					
Adjusted gross income					30,006.
Tax expense					1,699.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					18,800.
Exemption amount . .					0.
QBI deduction					
Taxable income					11,206.
Tax					1,123.
Alternative min tax . .					
Total credits					300.
Other taxes					
Payments					14,063.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					13,240.
Effective tax rate % . .					-9.25
**Tax bracket %					10.0

**Tax bracket % is based on Taxable income.

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) directly from the Internal Revenue Service ("IRS") for free. 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 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.
	Check mailed by IRS to address on tax return(s).	Approximately 6 to 8 weeks ¹	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ¹	No additional cost.
	Check mailed by IRS to address on tax return(s).	Approximately 21 to 28 days ¹	
ELECTRONIC FILING (E-FILE) Refund Processing Service	Direct deposit to your personal bank account.	Usually within 21 days ¹	\$ 39 . 00 ²

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

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: Jitendra Harpalani
 Social Security No.: 086-98-9586

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.**
 THE REFUND PROCESSING SERVICE IS A FREE OPTION INCLUDED WITH YOUR PURCHASE OF EITHER TURBOTAX PREMIUM SERVICES OR TURBOTAX MAX, TURBOTAX PLUS, OR SUCH OTHER INTUIT TAX PRODUCTS PURCHASED IN CONNECTION WITH THIS AGREEMENT (EACH A "TAX PRODUCT"). YOU ARE NOT REQUIRED TO USE THE REFUND PROCESSING SERVICE. IF YOU 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. Authorization to Release Personal Information. 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	\$ 13,240.00
Less Tax Product fees	\$ _____
Less TurboTax Fees	\$ 98.00
Less Fees for Additional Products and Services Purchased	\$ 49.00
Expected Proceeds*	\$ 13,054.00

* 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. Temporary Deposit Account Authorization. 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 Tax Product fees; (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 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, Tax Product 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. Acknowledgements. (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. Truth in Savings Disclosure. 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. 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 and will be retained by Processor. Questions or concerns about 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. Disbursement Method: 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:

- Checking
- Savings

RTN # 021200339
Account # 381061094020

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 **not** 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 TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund(s) 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 Box 70010, Pasadena, CA 91117 or telephone (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. Governing Law. 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.

10. Arbitration Provision. 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.

10.1. Arbitration of Claims: 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.

10.2. Other Claims Subject to Arbitration: 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.

10.3. Exceptions: 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.

10.4. Individual Claims Only: 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.

10.5. Arbitration Fees: 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.

10.6. Procedure: 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. Section 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.

11. Taxpayer Identity Validation Disclosure. 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 10; 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. 10/2019

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 collect and share depend on the product or service you have with us. This information can include:

- Social Security number and account balances
- account transactions and checking account information
- transaction history and payment history

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 customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.

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
For our marketing purposes — to offer our products and services to you.	Yes	No
For joint marketing with other financial companies.	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	We don't share
For our affiliates to market to you.	No	We don't share
For nonaffiliates to market to you.	No	We don't share

Questions? Call Toll Free: 800-901-6663

Page 2

<p>What we do</p>	
<p>How does Green Dot Bank protect my personal information?</p>	<p>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.</p>
<p>How does Green Dot Bank collect my personal information?</p>	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ● 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 <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
<p>Why can't I limit all sharing?</p>	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ● 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 <p>State laws and individual companies may give you additional rights to limit sharing.</p>
<p>Definitions</p>	
<p>Affiliates</p>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ● <i>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.</i>
<p>Nonaffiliates</p>	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ● <i>Green Dot Bank does not share with nonaffiliates so they can market to you.</i>
<p>Joint marketing</p>	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ● <i>The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries.</i>

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

Name: Jitendra Harpalani
 Social Security No.: 086-98-9586

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 Civista 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.

THE REFUND PROCESSING SERVICE IS A FREE OPTION INCLUDED WITH YOUR PURCHASE OF EITHER TURBOTAX PREMIUM SERVICES OR TURBOTAX MAX, TURBOTAX PLUS, OR SUCH OTHER INTUIT TAX PRODUCTS PURCHASED IN CONNECTION WITH THIS AGREEMENT (EACH A "TAX PRODUCT"). YOU ARE NOT REQUIRED TO USE THE REFUND PROCESSING SERVICE. IF YOU 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. Authorization to Release Personal Information. 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	\$ 13,240.00
Less Tax Product fees	\$ _____
Less TurboTax Fees	\$ 98.00
Less Fees for Additional Products and Services Purchased	\$ 49.00
Expected Proceeds*	\$ 13,054.00

* 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. Temporary Deposit Account Authorization. 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 Tax Product fees; (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 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, Tax Product 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. Acknowledgements. (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. Truth in Savings Disclosure. 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. 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 and will be retained by Processor. Questions or concerns about 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. Disbursement Method: 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:

- Checking
- Savings

RTN # 021200339
 Account # 381061094020

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 not 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 TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund(s) 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 Box 70010, Pasadena, CA 91117 or telephone (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. **Governing Law.** 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.

10. **Arbitration Provision.** 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.

10.1. **Arbitration of Claims:** 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.

10.2. Other Claims Subject to Arbitration: 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.

10.3. Exceptions: 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.

10.4. Individual Claims Only: 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.

10.5. Arbitration Fees: 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.

10.6. Procedure: 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.

11. Taxpayer Identity Validation Disclosure. 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 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 10; 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.

Civista Bank Tax Product Privacy Policy

FACTS What does Civista 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?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> ● Social Security number and account balances ● payment history and transaction history ● overdraft history and account transactions <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.	
Reasons we can share your personal information	Does Civista Bank Share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes – to offer our products and services to you.	Yes	No
For joint marketing with other financial companies.	Yes	No
For our affiliates' everyday business purposes – information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes – information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For non affiliates to market to you.	No	We don't share
Questions?	Call Toll Free: 800-901-6663 or go to www.civista.bank	

Who we are	
Who is providing this notice?	Civista Bank
What we do	
How does Civista 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 Civista Bank collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> ● Sharing for affiliates everyday business purposes — information about your creditworthiness, ● Affiliates from using your information to market to you, ● Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ● Civista Bank does not share with our affiliates.
Non affiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> ● Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ● Our joint marketing providers include: financial service providers that offer additional payment products.
Other Important Information	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

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) at <https://www.treasury.gov/tigta/>.

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:

Jitendra Harpalani

Please type the date below:

04/15/2022

Date

Jigna Anandpara

04/15/2022

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 Civista Bank of Sandusky, OH ('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) at <https://www.treasury.gov/tigta/>.

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:

Please type the date below:

Date

FORM 1040 or FORM 1040-SR WORKSHEET
NOTE: Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

2021

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
 Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

- QuickZoom** to Schedule 1 — Additional Income and Adjustments to Income ▶ _____
QuickZoom to Schedule 2 — Additional Taxes ▶ _____
QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____

Form 1040 or Form 1040-SR — Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2021, or other tax year
 beginning _____, 2021, ending _____, 20 ____.

Your First Name	MI	Last Name	Your Social Security No.
<u>Jitendra</u>		<u>Harpalani</u>	<u>086-98-9586</u>
If Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security No.
Home Address (No. and Street). If You Have a P.O. Box, See Instructions.			Apt. No.
<u>45 River Dr S</u>			<u>2215</u>
City, Town or Post Office. If you have a foreign address, also complete below. State			ZIP Code
<u>Jersey City</u> <u>NJ</u>			<u>07310-3727</u>
Foreign country name		Foreign province/state/county	Foreign postal code

QuickZoom to explanation statement for overseas extension ▶

Presidential Election Campaign

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

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

Filing Status Check only one box.
 All entries for filing status and dependents should be made on the Federal Information Worksheet.

- Single
 Married filing jointly (even if only one had income)
 Married filing separately. Enter spouse's SSN above and full name here.
 Head of household (with qualifying person). (See instructions) If the qualifying person is a child
 but not your dependent, enter the child's name here. ▶ _____
 Qualifying widow(er) (See instructions)

Dependents If more than four dependents, see instructions and check here ▶

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4)	
				✓ if qualifies for: under age 18 qualifying for child tax credit	Credit for other dependents
<u>Dishina J</u>	<u>Harpalani</u>	<u>797-38-5108</u>	<u>Daughter</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

QuickZoom to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet . . .

Standard Deduction

Someone can claim you as a dependent
 Someone can claim your spouse as a dependent

a Check if: You were born before January 2, 1957 Blind
 Spouse was born before January 2, 1957 Blind
Total boxes checked ▶ **a**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ **b**

QuickZoom to required PPP loan forgiveness statement to report tax-exempt income ▶ _____

Form 1040 or Form 1040-SR, Lines 1 - 7

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	30,006.
2 a	Tax-exempt interest 2a		
b	Taxable interest	2b	
3 a	Qualified dividends 3a		
b	Ordinary dividends	3b	
4 a	IRA distributions 4a		
b	Taxable amount	4b	
5 a	Pensions and annuities 5a		
b	Taxable amount	5b	
6 a	Social security benefits 6a		
b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	7	

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ▶ _____

Form 1040 or Form 1040-SR, Lines 8 - 11

8	Other income from Schedule 1, line 10.	8	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	30,006.
10	Adjustments to income from Schedule 1, line 26 ▶	10	
11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	30,006.
	AGI including excludable Puerto Rico Income		30,006.

Form 1040 or Form 1040-SR, Line 12 — Standard or Itemized Deduction

12	Standard deduction or itemized deductions (from Schedule A) Standard Deduction for — <ul style="list-style-type: none"> ● People who checked blind or over 65 or who can be claimed as a dependent, see instructions. ● All others: <ul style="list-style-type: none"> ● Single or Married filing separately: \$12,550 ● Married filing jointly or Qualifying widow(er): \$25,100 ● Head of household: \$18,800 ● If you checked any box under <i>Standard Deduction</i>, see instructions. QuickZoom to the Standard Deduction Worksheet. _____ a Itemized deductions (from Schedule A) or your standard deduction , see above 12 a 18,800. Enter the smaller of these cash contributions made or \$300 (\$600 if married filing jointly) on line 12b below if you take the standard deduction b Charitable contributions if you take the standard deduction. 12 b c Add lines 12a and 12b. 12 c 18,800. Subtract itemized or standard deduction from adjusted gross income amount 11,206.		
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Form 1040 or Form 1040-SR, Lines 13 - 18			
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12c and 13	14	18,800.
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	11,206.
16 Tax. Check if any from Form(s):			
	1 <input type="checkbox"/> 8814		
	2 <input type="checkbox"/> 4972		
	3 <input type="checkbox"/>		
17	Amount from Schedule 2, line 3.	17	1,123.
18	Add lines 16 and 17	18	1,123.
QuickZoom to Schedule 2 — Additional Tax section ▶ _____			

Form 1040 or Form 1040-SR, Line 19 - 24			
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8.	20	300.
21	Add lines 19 and 20	21	300.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	823.
23	Other taxes, including self-employment tax, from Schedule 2, line 21.	23	0.
24	Add lines 22 and 23. This is your total tax ▶	24	823.
QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____			

Form 1040 or Form 1040-SR, Lines 25 - 33			
25	Federal income tax withheld from:		
	a Form(s) W-2	25 a	4,329.
	b Form(s) 1099	25 b	
	c Other forms	25 c	
	d Add lines 25a through 25c.	25 d	4,329.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27	If you have a qualifying child, attach Sch. EIC.		
	a Earned income credit (EIC)	27 a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. ▶ <input type="checkbox"/>		
	b Nontaxable combat pay election	27 b	
	c Prior year (2019) earned income	27 c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	3,600.
29	American opportunity credit from Form 8863, line 8.	29	
30	Recovery rebate credit.	30	2,800.
31	Amount from Schedule 3, line 15	31	3,334.
32	Add lines 27a and 28 through 31. These are your other payments and refundable credits ▶	32	9,734.
33	Add Lines 25d, 26, and 32. These are your total payments ▶	33	14,063.
QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated. ▶ _____			
QuickZoom to "due diligence checklist" substitute for Form 8867. ▶ _____			
QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____			

Form 1040 or Form 1040-SR, Lines 34 - 36		
Refund:		
34 If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	34	13,240.
35 a Amount of overpayment you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35	13,240.
Direct deposit?		
▶ b Routing number 021200339		
▶ c Type:		
<input checked="" type="checkbox"/> Checking		
<input type="checkbox"/> Savings		
▶ d Account number 381061094020		
36 Amount of overpayment on line 34 you want applied to your 2022 estimated tax	36	
Form 1040 or Form 1040-SR, Lines 37 and 38		
Amount You Owe:		
37 Subtract total payments from total tax	37	
Note: Schedule H and Schedule E SE filers, line 37 may not represent all of the taxes you owe for 2021. See Schedule 3, line 12e, and its instructions for details.		
38 Estimated tax penalty	38	
QuickZoom to Late Penalties and Interest Worksheet ▶ QuickZoom.		

Schedule 1 – Additional Income and Adjustments to Income

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes	1	
---	----------	--

Alimony Received Smart Worksheet			
A	Taxpayer	Spouse	Date of divorce/sep
B			*
* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable			

2 a Alimony received. . . . Taxpayer _____ Spouse _____	2 a	
b Date of original divorce or separation agreement		
3 Business income or (loss). Attach Schedule C	3	
4 Other gains or (losses). Attach Form 4797	4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6 Farm income or (loss). Attach Schedule F	6	
7 Unemployment compensation	7	
8 Other income:		
a Net operating loss	8 a	
b Gambling income	8 b	
c Cancellation of debt	8 c	
d Foreign earned income exclusion from Form 2555	8 d	
e Taxable Health Savings Account distribution	8 e	
f Alaska Permanent Fund dividends	8 f	
g Jury duty pay	8 g	
h Prizes and awards	8 h	
i Activity not engaged in for profit income	8 i	
j Stock options	8 j	
k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8 k	
l Olympic and Paralympic medals and USOC prize money	8 l	
m Section 951(a) inclusion	8 m	
n Section 951A(a) inclusion	8 n	
o Section 461(l) excess business loss adjustment	8 o	
p Taxable distributions from an ABL account	8 p	
z Other income. List type and amount:	8 z	

9 Total other income. Add lines 8a through 8z	9	
10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8.	10	
Total Income. Combine Form 1040 lines 1- 7 and Schedule 1, line 10, enter on Form 1040, line 9.		30,006.

Quickzoom to 1040 Worksheet, line 9 – Total Income ▶ **QuickZoom.**

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	

Alimony Paid Smart Worksheet

	Recipient's name	Recipient's SSN	Date of divorce/sep	*	Alimony paid
A	_____	_____	_____	<input type="checkbox"/>	_____
B	_____	_____	_____	<input type="checkbox"/>	_____

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

19 a	Alimony paid	19 a	
b	Recipient's SSN ▶		_____
c	Date of original divorce or separation agreement ▶		_____
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay	24 a	_____
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24 b	_____
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24 c	_____
d	Reforestation amortization and expenses	24 d	_____
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24 e	_____
f	Contributions to section 501(c)(18)(D) pension plans	24 f	_____
g	Contributions by certain chaplains to section 403(b) plans	24 g	_____
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims	24 h	_____
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24 i	_____
j	Housing deduction from Form 2555	24 j	_____
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24 k	_____
z	Other adjustments. List type and amount: ▶ _____	24 z	_____
25	Total other adjustments. Add lines 24a through 24z	25	_____
26	Add lines 11 through 23 and 25 These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	_____

Schedule 2 – Additional Taxes

Part I Tax

1	Alternative minimum tax (see instructions). Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.	6		
7	Total additional social security and Medicare tax. Add lines 5 and 6		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required		8	
9	Household employment taxes from Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959		11	
12	Net investment income tax. Attach Form 8960		12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from W-2, box 12.		13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.		15	
16	Recapture of low-income housing credit. Attach Form 8611		16	
17	Other additional taxes:			
	a Recapture of other credits. List type, form number, and amount: ▶ _____	17 a		
	b Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17 b		
	c Additional tax on HSA distributions. Attach Form 8889	17 c		
	d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17 d		
	e Additional tax on Archer MSA distributions. Attach Form 8853	17 e		
	f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	17 f		
	g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17 g		
	h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17 h		
	i Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i		
	j Section 72(m)(5) excess benefits tax	17 j		
	k Golden parachute payments	17 k		
	l Tax on accumulation distribution of trusts	17 l		
	m Excise tax on insider stock compensation from an expatriated corporation	17 m		
	n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17 n		
	o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 o		
	p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17 p		
	q Any interest from Form 8621, line 24.	17 q		
	z Any other taxes. List type and amount: ▶ _____	17 z		
18	Total additional taxes. Add lines 17a through 17z.		18	
19	Additional tax from Schedule 8812		19	
20	Section 965 net tax liability installment from Form 965-A.	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	0.
	Total tax (add line 21 and Schedule 3, line 7b)			823.

Schedule 3 – Additional Credits and Payments

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11.			
2	Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	300.
5	Residential Energy Credit. Attach Form 5695		5	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6 a		
b	Credit for prior year minimum tax. Attach Form 8801	6 b		
c	Adoption credit. Attach Form 8839	6 c		
d	Credit for the elderly or disabled. Attach Schedule R	6 d		
e	Alternative motor vehicle credit. Attach Form 8910	6 e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6 f		
g	Mortgage interest credit. Attach Form 8396	6 g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6 h		
i	Qualified electric vehicle credit. Attach Form 8834	6 i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6 j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6 k		
l	Amount on Form 8978, line 14	6 l		
z	Other nonrefundable credits. List type and amount: ▶ _____	6 z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	300.
a	Add line 8 plus child tax/other dep. credit on line 19 above			300.
b	Subtract total credits on line 8a from tax on line 18 above			823.

Quickzoom to 1040 Worksheet, line 24 – Total Tax ▶ QuickZoom. . . ▶ _____

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13 a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021.	13 b		
c	Health coverage tax credit from Form 8885	13 c		
d	Credit for repayment of amounts included in income from earlier years	13 d		
e	Reserved for future use	13 e		
f		13 f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13 g		3,334.
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13 h		
z	Other payments or refundable credits. List type and amount . ▶ _____	13 z		
14	Total other payments or refundable credits. Add lines 13a through 13z.		14	3,334.
15	Total Payments: Part II, lines 9 through 12 and 14, Withholding (Form 1040, line 25d), Estimated Tax Payments (Form 1040, line 26) and Form 1040, lines 27-30.		15	14,063.
	Other Payments and Refundable Credits (Form 1040, line 32) . ▶ _____			9,734.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete the following. **No**
 Designee's Name ▶ _____
 Phone Number ▶ _____ Personal Identification Number (PIN) . . ▶ _____

Signature and Paid Preparer

Sign Here

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

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

Your Signature	Date	Your Occupation	If the IRS sent you an Identity Protection PIN, enter it here
_____	_____	Director of Product Development	▶ _____
Spouse's Signature. If joint, both must sign.	Date	Spouse's Occupation	▶ _____
_____	_____	_____	_____
Daytime Phone No.		Email Address	
(969) 945-3388		_____	

Paid Preparer's Use Only

Print/Type Preparer's name	Preparer's PTIN	Check if:
_____	_____	<input type="checkbox"/> Self-employed
Preparer's Signature	Date	
_____	_____	
Firm's Adress (or yours if self-employed)	Firm's EIN.	Phone No.
Self-Prepared	_____	_____
_____	State	ZIP Code
_____	_____	_____

Filing Address Information

Send Form 1040 to: You have chosen to electronically file this return.

Name(s) Shown on Return Jitendra Harpalani	Your SSN 086-98-9586
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Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2020 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 15.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	_____
2	Investment income.	2	_____
3	Total adjusted gross income	3	_____
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	_____
5	State and local income taxes allocable to investment income	5	_____
6	State and local taxes (Schedule A, line 5e)	6	_____
7	Lesser of line 5 or line 6.	7	_____
8	Foreign income taxes	8	_____
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	_____
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	_____

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Reserved	1	_____
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	_____
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	_____
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	_____
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12	5	_____
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	_____
7	Subtract line 6 from line 5.	7	_____
8	Enter the lesser of line 7 or line 4	8	_____

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII

1) Former Passive Activity Suspended Losses

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

**Paid Preparer's Due Diligence Worksheet
HOH**

2021

► Keep for your records

Name as Shown on Return
Jitendra Harpalani

Social Security Number
086-98-9586

Automatically calculate this worksheet

- Fill in this checklist automatically, according to information entered elsewhere in the return.
- Do not fill in this checklist automatically. It will be completed manually.

QuickZoom to Form 8867 ► _____

NOTE: This checklist is not a comprehensive or complete list, the paid preparer should refer to the IRS instructions or website.

- 1 Did the preparer who is signing this return also determine the taxpayer's eligibility for EIC? Yes No
- 2 Preparer who determined eligibility. _____
- 3 Preparer PTIN _____

As a paid tax return preparer, you must exercise due diligence to determine whether a taxpayer meets all requirements to qualify for HOH filing status. Although line 14 of Form 8867 only asks about substantiation that the taxpayer was unmarried (or considered unmarried) and provided more than half of the cost of keeping up a home for the year for a qualifying person, your client must meet all of the eligibility requirements for claiming HOH filing status. Your client may not claim HOH filing status unless all of the eligibility requirements for HOH filing status are satisfied, even if you answer "Yes" to the question on line 14 of Form 8867.

Head of Household Status Information

- 4 Marital Status (check all that apply):
 - Never married
 - Widow/Widower (spouse died before 01/01/2021)
 - Received final decree of divorce, legal separation, dissolution, or termination of marriage by 12/31/2021. Check next to the following you can provide to the IRS:
 - Divorce decree
 - Separation agreement
 - Married, but lived apart for the last 6 months of the year. Check next to any of the following you can provide to the IRS to verify that you lived apart:
 - Not applicable
 - Lease agreement
 - Utility bills
 - Other (write in) _____
 - Letter from clergy member
 - Letter from social services

- 5 Qualifying person:
 - Check if child is a nondependent qualifier
 - First Name _____
 - Middle Initial _____
 - Last Name _____
 - SSN _____
 - Relationship _____

- 6 Check next to any of the following you can provide to the IRS in order to substantiate maintaining more than half the cost of the home.
 - Utility bills
 - Property tax bills
 - Other household bills
 - Grocery receipts
 - Rent receipts or mortgage interest

- 7 Check next to any of the following to indicate any non-taxable support or income you received:
 - Family support
 - Food stamps
 - Other (write in type) _____
 - Housing assistance
 - Childcare assistance

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Jitendra
 Middle initial _____ Suffix _____
 Last name Harpalani
 Social security no. 086-98-9586
 Occupation Director of Product Development
 Date of birth 12/05/1986 (mm/dd/yyyy)
 Age as of 1-1-2022 35
 Daytime phone (969) 945-3388 Ext _____
 Legally blind
 Date of death _____

Spouse:

First name _____
 Middle initial _____ Suffix _____
 Last name _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2022 _____
 Daytime phone _____ Ext _____
 Legally blind
 Date of death _____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** taxpayer claimed as dependent on that person's return? Yes No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** spouse claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . Yes No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Part II – Address and Federal Filing Status (enter information in this section)

US Address:

Address 45 River Dr S Apt no. 2215
 City Jersey City State NJ ZIP code 07310-3727

Foreign Address: Check this box to use foreign address . . .

Address _____ Apt no. _____
 City _____
 Foreign code _____ Foreign country _____
 Foreign province/county _____ Foreign postal code _____

APO/FPO/DPO address, check if appropriate APO FPO DPO

Home phone _____
 Check to print phone number on Form 1040 Home Taxpayer daytime Spouse daytime

Print Form 1040-SR instead of Form 1040 Yes No

Federal filing status:

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year.
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help)
- 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____
- 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2019 2020
 Are you a dependent with a qualifying child Yes No
 Enter qualifying person's name:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2021					
Dishina Harpalani	J	797-38-5108 Daughter	07/30/2021 0	L			5,000.	E	12		Yes

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ... Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2021? ... Yes No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help) ...
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2021 ...
Check if you were notified by the IRS that EIC cannot be claimed in 2021 or if you are ineligible to claim the EIC in 2021 for any other reason ...

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund? ... Yes No
Do you want to elect direct debit of federal balance due (Electronic filing only)? ... Yes No

If you selected either of the options above, fill out the information below:
Name of Financial Institution (optional) ... Bank of America
Check the appropriate box ... Checking Savings
Routing number ... 021200339 Account number ... 381061094020

Enter the following information only if you are requesting direct debit of balance due:
Enter the payment date to withdraw from the account above ...
Balance-due amount from this return ...

Amended Returns:
Do you want to elect direct debit of federal amended balance due (e-File only)? ... Yes No
Enter the payment date to withdraw from the account above ...
Balance-due amount from this amended return ...

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:
Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ...
Check this box if you are married filing separately and your spouse itemized deductions ...
Check this box to take the standard deduction even if less than itemized deductions ...

Real Estate Professionals:
Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ... Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):
Is the taxpayer a full-time student? ... Yes No
Is the spouse a full-time student? ... Yes No

American Opportunity and Lifetime Learning Credit (Form 8863)
For 2021, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ... Yes No

Foreign Tax Credit (Form 1116):
Check this box to file Form 1116 even if you're not required to file Form 1116 ...
Resident country ... USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:
Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ...
Excludable income from Puerto Rico ...

Dual Status Alien Return:
Check this box if you are a dual-status alien ...
Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ...

Third Party Designee:
Caution: Review transferred information for accuracy.
Do you want to allow another person to discuss this return with the IRS? ... Yes No
If Yes, complete the following:
Third party designee name ...
Third party designee phone number ...
Personal Identification number (enter any 5 numbers) ...

Disaster Tax Relief:
Check if you took a disaster distribution between 2018 and 2020 ...

Part VI – Additional Information for Your Federal Return – Continued

Personal Representative for deceased taxpayers:

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse ▶ _____

Part VII – State Filing Information

Identity Protection PIN:

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer’s state of residence as of December 31, 2021 ▶ NJ

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶

Taxpayer is a resident of the state above for only part of year ▶

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse’s state of residence as of December 31, 2021 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶

Spouse is a resident of the state above for only part of year ▶

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union ▶

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶

Check if this is the joint return created to file joint state tax return (see Help) ▶

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN . . . _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 53388

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number H06534020012861

Issued by what state NJ

License or ID license . ▶ ID . ▶ neither . ▶ decline . ▶

Spouse

Drivers license or state ID number _____

Issued by what state _____

License or ID license . ▶ ID . ▶ neither . ▶ decline . ▶

Personal Information Worksheet
For the Taxpayer

2021

Keep for your records

QuickZoom to another copy of Personal Information Worksheet ▶
QuickZoom to Federal Information Worksheet ▶

Part I – Taxpayer's Personal Information

First name . . . Jitendra Middle initial . . . Last name . . . Harpalani
Suffix

Social security no. . . 086-98-9586 Member of U.S. Armed Forces in 2021? . . Yes No

Date of birth 12/05/1986 (mm/dd/yyyy) age as of 1-1-2022 35

Occupation Director of Product Development Daytime phone (969) 945-3388 Ext

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2021 ▶ 2021 . ▶ 2020 . ▶ 2019 . ▶ Before 2019 . ▶

Are you retired on total and permanent disability? (for Schedule R, see Help) ▶ Yes No

Check if this person is legally blind ▶ Yes No

If deceased, enter the date of death ▶ (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2022 and this is the first year you
are filing a tax return? ▶ Yes No

Language in which you want the IRS to communicate with you ▶

Do you want \$3 to go to Presidential Election Campaign Fund? ▶ Yes No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ▶ Yes No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ▶ Yes No

Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2021? ▶ Yes No

4 Did your earned income exceed one-half of your support? ▶ Yes No

5 Was at least one of your parents alive on December 31, 2021? ▶ Yes No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2021 NJ

Check the appropriate box:

This person is a resident of the state above for the entire year

This person is a resident of the state above for only part of year

Date this person established residence in state above ▶

In which state (or foreign country) did this person reside before this change? ▶

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2021

Unreimbursed medical expenses paid for qualifying person in 2021

Employment taxes paid for dependent care providers in 2021

Full-time student for 5 calendar months during 2021? ▶ Yes No

Disabled person who was not physically or mentally capable of self-care? ▶ Yes No

This person is a qualifying person for the child and dependent care credit ▶ Yes No

Dependent and Nondependent Information Worksheet

2021

Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet
QuickZoom to Federal Information Worksheet

Part I - Personal Information

First name Dishina Middle initial J Last name Harpalani Suffix

Social security no. 797-38-5108

Date of birth 07/30/2021 age as of 12-31-2021 0
Did this person pass away in 2021 (deceased)? Yes X No Date of death

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see Relationship in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? Yes No

Dependency code L - Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,300 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II - Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? X Yes No
Is this person a resident of Canada or Mexico? Yes X No

This person is adopted and you are a U.S. citizen or U.S. national

TurboTax Web Only:

Was the adoption final as of December 31, 2021? Yes No

Was the person placed with you for adoption after 2021, or was the adoption final in 2021 or later? Yes No

The adopted child lived with you all year Yes No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit X Yes No
Child is a nondependent, but may qualify for earned income credit Yes No
You, and no one else, is claiming this nondependent for the earned income credit. Yes No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit E - Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is not valid for employment

Check if this person is not a qualifying child for the child tax credit

Check if this person is not a qualifying person for the credit for other dependents

Dependent has ITIN

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2021 5,000.
Unreimbursed medical expenses paid for qualifying person in 2021 _____
Employment taxes paid for dependent care providers in 2021 _____
Child or dependent is a qualifying person for the child and dependent care credit Yes No
Child is a nondependent, but may qualify for the child and dependent care credit Yes No

Part V – Dependent’s State Residency Information

Enter this person’s state of residence as of December 31, 2021 _____
Check the appropriate box:
This person is a resident of the state above for the entire year
This person is a resident of the state above for only part of year
 Date this person established residence in state above ► _____
 In which state (or foreign country) did this person reside before this change? ► _____

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

Part-Year Resident State Allocation Worksheet

2021

▶ Keep for your records

Check the box to activate this worksheet

Name(s) Shown on Return <u>Jitendra Harpalani</u>	Social Security Number <u>086-98-9586</u>
--	--

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips		—	—	
		—	—	
		—	—	
S Wages, salaries, tips		—	—	
		—	—	
		—	—	

** Enter state of source only if income is associated with a trade or a business* ▼

	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest						
S Taxable interest						
3 T Dividends						
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			*	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St	Src St	
6 T Business inc or loss .							
S Business inc or loss .							
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T		<i>See Sch E Income Allocation Smart Worksheet</i>					
S							

* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			*	Allocated Amount
		From mm/dd	To mm/dd	Res St	Src St	
9 T Capital gain or loss						
S Capital gain or loss						
10 T Other gains/losses						
S Other gains/losses						
11 T Unemployment compensation .						
S Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T					
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 Certain business expenses T S					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses					
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
22 T Alimony paid					
S Alimony paid					
23 T IRA deduction					
S IRA deduction					
24 T Student loan interest deduction					
S Student loan interest deduction					

* Enter the state of source for this adjustment

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
25 T Self-employment tax						
S Self-employment tax						
26 T SEP, SIMPLE and qualified plans						
S SEP, SIMPLE and qualified plans						
27 T Self-employed health insurance						
S Self-employed health insurance						
28 T Reserved						
S Reserved						
29 Other adjustments T						
S						
	Federal Amount	Residency Info				Allocated Amount
		From mm/dd	To mm/dd	Res St		
30 Total adjustments T						
S						
31 Adjusted gross income T						
S						

► Keep for your records

Name(s) Shown on Return
Jitendra Harpalani

Social Security Number
086-98-9586

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	30,006.		30,006.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	4,329.		4,329.
3 & 7	Total social security wages/tips	31,506.		31,506.
4	Total social security tax withheld	1,953.		1,953.
5	Total Medicare wages and tips	31,506.		31,506.
6	Total Medicare tax withheld	457.		457.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits	3,333.		3,333.
b	Offsite dependent care benefits	3,333.		3,333.
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	7,363.		7,363.
b	Elective deferrals to qualified plans	1,500.		1,500.
c	Roth contrib. to 401(k), 403(b), 457(b) plans. . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. . .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	5,863.		5,863.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14	8.		8.
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	36,000.		36,000.
17	Total state tax withheld	1,699.		1,699.
19	Total local tax withheld.			

Name Jitendra Harpalani Social Security Number 086-98-9586

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below.

<p>a Employee's social security no. . . <u>086-98-9586</u></p> <p>b Employer ID number (EIN) . . . <u>84-1218158</u></p> <p>c Employer's name, address, and ZIP code <u>INTSTRUX LLC</u></p> <p>Street <u>10200 SUNSET DRIVE</u> City <u>MIAMI</u> State <u>FL</u> ZIP Code <u>33173</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> <p>d Control number . <u>000079</u></p> <p><input type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>JITENDRA</u> M.I. _____ Last <u>HARPALANI</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>45 RIVER DR, APT 2215</u> City <u>JERSEY CITY</u> State <u>NJ</u> ZIP Code <u>07310</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>30,005.94</u></p> <p>3 Social security wages <u>31,505.94</u></p> <p>5 Medicare wages and tips <u>31,505.94</u></p> <p>7 Social security tips _____</p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p> <p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>2 Federal income tax withheld <u>4,328.76</u></p> <p>4 Social security tax withheld <u>1,953.37</u></p> <p>6 Medicare tax withheld <u>456.84</u></p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits <u>3,333.30</u> Distributions from sect. 457 and nonqualified plans (Important, see Help)</p>
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Box 12 Code	Box 12 Amount	If Box 12 code is:
<u>D</u>	<u>1,500.00</u>	A: Enter amount attributable to RRTA Tier 2 tax . . . _____
<u>DD</u>	<u>5,863.16</u>	M: Enter amount attributable to RRTA Tier 2 tax . . . _____
		P: Double-click to link to Form 3903, line 4 . . . _____
		R: Enter MSA contribution for Taxpayer _____
		Spouse _____
		W: Enter HSA contribution for Taxpayer _____
		Spouse _____
		G: Is employer a state or local government? Yes <input type="checkbox"/> No <input type="checkbox"/>

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>NJ</u>	<u>841218158000</u>	<u>36,000.00</u>	<u>1,698.54</u>

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
<u>SDI</u>	<u>7.80</u>	<u>Other (not classified)</u>

► Keep for your records

Name Jitendra Harpalani
Employer's Name INTSTRUX LLC

086-98-9586 Page **2**

Additional Information

Part I – Foreign Income

1 The income reported on this W-2 is from a foreign source **and** is eligible to be excluded on Form 2555

Part II – Electronic Filing

Complete if you are filing this return electronically.

2 a This W-2 is "non-standard" (handwritten, typewritten, altered in any way, or used to e-file based on a completed 4852. See "Substitute Form W-2 Smart Worksheet" below.)
b This W-2 is a corrected W-2

Part III – Statutory Employees

Complete if box 13 Statutory employee box is checked.

3 Will you be deducting any expenses in connection with this income? Yes No
4 If so, select the copy of Schedule C you want to report this income on (double-click) _____

Part IV – Dependent Care Benefits

Complete if box 10 of this W-2 has an entry.

5 Did this employer hire an on-staff care provider or furnish dependent care at your workplace? Yes No
6 Enter any amounts forfeited from a flexible spending account 4,999.95

Part V – Clergy, Church Employees, Members of Recognized Religious Sects

Complete if this W-2 is for clergy, church employment, or for a member of a recognized religious sect.

Clergy only:

7 a Enter your designated housing or parsonage allowance _____
b Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value _____
If no FICA was withheld, check box c, d, e, or f below as appropriate
c Pay self-employment tax on housing or parsonage allowance only
d Pay self-employment tax on W-2 income only
e Pay self-employment tax on both W-2 income and housing allowance
f Exempt from self-employment tax and have an approved exemption Form 4361

Non-clergy:

If no FICA was withheld, check box a or b below as appropriate

8 a Pay self-employment tax on this W-2 income
b Exempt from SE tax and have an approved exemption Form 4029
 Social Security and Medicare taxes have been withheld

Part VI – Military

9 a Active duty military pay
b **Non-taxable** combat pay (From box 12, Code Q) _____

Part VII – Unreported Tip Income

10 a Tips \$20 or more in a month which were not reported to employer _____
b Tips less than \$20 in a month which were not required to be reported _____
c Value of non-cash tips, such as tickets or passes, not reported to employer _____
d Actual amount of allocated tips if different than the amount in box 8 _____
e Tips paid out by you through a tip-sharing arrangement _____
f Employer is a federal, state, or local government and tips are only subject to Medicare tax

Part VIII – Inmate in a Penal Institution

11 a Pay from work performed while an inmate or while in a work release or halfway house

Part IX – Paid Family Leave

12 a Income from Paid Family Leave

Distributions from an HSA, Archer MSA, or Medicare Advantage MSA

Keep for your records

Name: Jitendra Harpalani; Social Security Number: 086-98-9586

Check if for spouse [] See below for additional distribution information; Corrected amount []; Void []

Payer's name, street address, city, state, and Zip code

Payer's TIN; Recipient's TIN: 086-98-9586

1 Gross distribution \$

2 Earnings on excess contributions \$

Check to transfer Recipient's information from Federal Information Worksheet []; Recipient's Name; Street address; City, State, ZIP Code; Account number (optional)

3 Distribution code []

4 FMV on date of death \$

5 HSA []; Archer MSA []; MA MSA []

Additional Distribution Information

Recipient's Age

A Check this box if the recipient was age 65 or over at time of distribution []

Medical Expenses See Help for important information

B Check this box if the entire amount in box 1 was used to pay qualified medical expenses and can be treated as tax free []

C If less than the amount in box 1 was used to pay medical expenses, enter the amount that was used to pay qualified medical expenses and can be treated tax free

Rollover

D Enter the amount in box 1 that was rolled over

Return of Excess Contribution

E Check this box if this is the return of excess contributions made by the employer (See Help) []

Death Distribution (Box 3 - Code 4)

F Was the MSA or HSA inherited from a spouse who died? [] Yes [] No

- QuickZoom to Form 8853, p1
QuickZoom to Form 8889T
QuickZoom to Form 8889S

Wages, Salaries, & Tips Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return <u>Jitendra Harpalani</u>	Social Security Number <u>086-98-9586</u>
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The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	30,006.		30,006.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2021			
b _____			

10 Subtotal. Add lines 1 through 9	30,006.		30,006.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income:			

15 Total of lines 10 through 14	30,006.		30,006.

Name(s) Shown on Return
Jitendra Harpalani

Social Security Number
086-98-9586

		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1	
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2	
3	Subtract line 2 from line 1	3	
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4	
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5	
6	Add lines 3 through 5	6	
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7	
8	Enter the amount, if any, from Form 4797, line 8	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-	9	
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10	
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund		
	Regular AMT		
	a On Form 1099-DIV		
	b On Form 2439		
	c On Schedule(s) K-1		
	d On Form 1099-R		
	e From Form 8814		
	f Other.		
	Total	11	
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12	
13	Add lines 9 through 12.	13	
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code D	16	
	a Enter your capital gain excess, if you are filing Form 2555	a	0.
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18	

**Schedule D
Line 18**

28% Rate Gain Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Jitendra Harpalani

Social Security Number
086-98-9586

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II				
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
		50 % Exclusion	60 % Exclusion	75% Exclusion	
a	Schedule D . . .	_____	_____	_____	
b	Form 8814 . . .	_____	_____	_____	
c	Schedule B . . .	_____	_____	_____	
d	Form 6252 . . .	_____	_____	_____	
e	Form 2439 . . .	_____	_____	_____	
f	Other	_____	_____	_____	
	Total	_____	_____	_____	
3	Enter the total of all collectibles gain or (loss) from:				
		Regular	AMT		
a	Form 4684, line 4 (but only if line 15 is more than zero)	_____	_____		
b	Form 6252	_____	_____		
c	Form 6781, Part II	_____	_____		
d	Form 8824	_____	_____		
	Total	_____	_____		
4	Enter the total of any collectibles gain reported to you on:				
		Regular	AMT		
a	Form 1099-DIV, box 2d	_____	_____		
b	Form 2439, box 1d	_____	_____		
c	Schedule K-1 from a partnership, S corporation, estate, or trust	_____	_____		
d	Disposition of interest in partnership or S corporation	_____	_____		
e	Other	_____	_____		
	Total	_____	_____		
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C				
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.				
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18				
8	Enter the amount of any capital gain excess				0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a			0.	0.

Name(s) Shown on Return Jitendra Harpalani	Social Security Number 086-98-9586
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1 a Enter your taxable income from Form 1040, line 15 1 a 11,206.
b Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht b _____
c Add lines 1a and 1b 1 c 11,206.

2 a Enter your qualified dividends from Form 1040, line 3a 2 a _____
b Enter any capital gain excess attributable to qualified dividends b _____
c Subtract line 2b from line 2a 2 c _____

3 Amount from Form 4952, line 4g 3 _____

4 a Amount from Form 4952, line 4e 4 a _____
b Amount from the dotted line next to Form 4952, line 4e b _____
c Line 4b, if applicable, 4a, if not c _____

5 Subtract line 4c from line 3 5 0.
6 Subtract line 5 from line 2c. If zero or less, enter -0- 6 0.

7 a Enter line 15 of Schedule D 7 a _____
b Enter line 16 of Schedule D b _____
c Enter the **smaller** of line 7a or line 7b 7 c 0.

8 Enter the **smaller** of line 3 or line 4c 8 _____

9 a Subtract line 8 from line 7 9 a 0.
b Enter any capital gain excess attributable to capital gains b _____
c Subtract line 9b from line 9a 9 c 0.

10 Add lines 6 and 9c 10 0.

11 a Enter the amount from Schedule D, line 18 11 a 0.
b Enter the amount from Schedule D, line 19 b _____
c Add lines 11a and 11b 11 c 0.

12 Enter the **smaller** of line 9c or line 11c 12 0.

13 Subtract line 12 from line 10 13 0.

14 Subtract line 13 from line 1c. If zero or less, enter -0- 14 11,206.

15 Enter:
• \$40,400 if single or married filing separately,
• \$80,800 if married filing jointly or qualifying widow(er), or
• \$54,100 if head of household.] 15 54,100.

16 Enter the **smaller** of line 1c or line 15 16 11,206.

17 Enter the **smaller** of line 14 or line 16 17 11,206.

18 Subtr ln 10 from ln 1c. If zero or less, enter -0- 18 11,206.

19 Enter the **smaller** of line 1c or:
• \$164,925 if single or married filing sep,
• \$329,850 if MFJ or qual widow(er), or
• \$164,900 if head of household.] 19 11,206.

20 Enter the **smaller** of line 14 or line 19 20 11,206.

21 Enter the **larger** of line 18 or line 20 21 11,206.

22 Subtract line 17 from line 16. This amount is taxed at 0% 22 0.

If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.

23 Enter the **smaller** of line 1c or line 13 23 _____

24 Enter the amount from line 22 (if line 22 is blank, enter -0-) 24 _____

25 Subtract line 24 from line 23. If zero or less, enter -0- 25 _____

26 Enter:
• \$445,850 if single,
• \$250,800 if married filing separately,
• \$501,600 if married filing jointly or qualifying widow(er), or
• \$473,750 if head of household.] 26 _____

27 Enter the smaller of line 1c or line 26 27 _____

28 Add lines 21 and 22 28 _____

29 Subtract line 28 from line 27. If zero or less, enter -0- 29 _____

30 Enter the **smaller** of line 25 or line 29 30 _____

31 Multiply line 30 by 15% (0.15) 31 _____

32 Add lines 24 and 30 32 _____

If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33

33 Subtract line 32 from line 23 33 _____

34 Multiply line 33 by 20% (0.20) 34 _____

If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.

35 Enter the **smaller** of line 9c above or Schedule D, line 19 35 _____

36 Add lines 10 and 21 36 _____

37 Enter the amount from line 1c above 37 _____

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	_____
40	Multiply line 39 by 25% (0.25)	40	_____
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	_____
42	Subtract line 41 from line 1c	42	_____
43	Multiply line 42 by 28% (0.28)	43	_____
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	<u>1,123.</u>
45	Add lines 31, 34, 40, 43, and 44	45	<u>1,123.</u>
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	<u>1,123.</u>
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 16	47	<u>1,123.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet
Line 16

2021

► Keep for your records

Name(s) Shown on Return <u>Jitendra Harpalani</u>	Social Security Number <u>086-98-9586</u>
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1	Enter the amount from Form 1040 or 1040-SR, line 15.	1	<u> </u>
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	<u> </u>
3	Are you filing Schedule D?		
	<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	<u> </u>
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4	Add lines 2 and 3	4	<u> </u>
5	Subtract line 4 from line 1. If zero or less, enter -0-	5	<u> </u>
6	Enter: \$40,400 if single or married filing separately, \$80,800 if married filing jointly or qualifying widow(er), \$54,100 if head of household.	6	<u> </u>
7	Enter the smaller of line 1 or line 6	7	<u> </u>
8	Enter the smaller of line 5 or line 7	8	<u> </u>
9	Subtract line 8 from line 7 (this amount taxed at 0%)	9	<u> </u>
10	Enter the smaller of line 1 or line 4	10	<u> </u>
11	Enter the amount from line 9	11	<u> </u>
12	Subtract line 11 from line 10.	12	<u> </u>
13	Enter: \$445,850 if single, \$250,800 if married filing separately, \$501,600 if married filing jointly or qualifying widow(er), \$473,750 if head of household.	13	<u> </u>
14	Enter the smaller of line 1 or line 13	14	<u> </u>
15	Add lines 5 and 9	15	<u> </u>
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	<u> </u>
17	Enter the smaller of line 12 or line 16	17	<u> </u>
18	Multiply line 17 by 15% (0.15)	18	<u> </u>
19	Add lines 9 and 17	19	<u> </u>
20	Subtract line 19 from line 10	20	<u> </u>
21	Multiply line 20 by 20% (0.20)	21	<u> </u>
22	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet.	22	<u> </u>
23	Add lines 18, 21, and 22	23	<u> </u>
24	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	24	<u> </u>
25	Tax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16.	25	<u> </u>

IRA Contributions Worksheet

2021

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Name(s) Shown on Return <u>Jitendra Harpalani</u>	Social Security Number <u>086-98-9586</u>
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Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2021, including any made between 1/1/2022 and 4/18/2022, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
▶	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2022 to 4/18/2022 (<i>See Help</i>).		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
12	Deductible traditional IRA contributions from worksheet		
13	Nondeductible traditional IRA contributions from worksheet. QuickZoom to worksheet indicated by the check: ___ IRA deduction worksheet ▶ ___ Worksheet for social security recipients ▶		
14	Amount on line 13 you elect to make nondeductible		
15	Excess traditional IRA contributions, to Form 5329, line 15 Note: <i>You may avoid a penalty by withdrawing the amount on line 15 before due date of return, including extensions.</i>		
16	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.		
17	Qualified reservist repayments		
18	Nondeductible traditional IRA contributions, to Form 8606, ln 1. . .		

IRA Contributions Worksheet

2021

▶ Keep for your records

Jitendra Harpalani

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Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
19	Enter regular Roth IRA contributions made for 2021, including any made between 1/1/2022 and 4/18/2022, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.	_____	_____
20	Contributions recharacterized from a traditional IRA, (from In 4).	_____	_____
21	Roth IRA contributions, from Schedule(s) K-1.	_____	_____
22	Enter contributions recharacterized to a traditional IRA.	_____	_____
▶	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
23	Disallowed Roth IRA conversions	_____	_____
24	Roth IRA contributions. Combine lines 20 through 23	_____	_____
25	Enter any contribution included on line 24 withdrawn before the due date of the tax return. <i>See Help</i>	_____	_____
26	Excess Roth IRA contribution credit	_____	_____
27	Total Roth IRA contributions	_____	_____
28	Repayments of qualified Roth reservist distributions	_____	_____

Roth IRA Contributions After Limitations		Taxpayer	Spouse
29	Roth IRA contributions after limitation	_____	_____
30	Excess Roth IRA contributions, to Form(s) 5329, line 23	_____	_____
	Note: <i>You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.</i>		

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
31	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.	_____	_____
	Note: <i>You do not need to report any Coverdell ESA contributions which are not excess contributions..</i>		

Tax Payments Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return
Jitendra Harpalani

Social Security Number
086-98-9586

Estimated Tax Payments for 2021 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/21		04/15/21			04/15/21		
2	06/15/21		06/15/21			06/15/21		
3	09/15/21		09/15/21			09/15/21		
4	01/18/22		01/18/22			01/18/22		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2021					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2021 extensions					

Taxes Withheld From:			Federal	State	Local
10	Forms W-2		4,329.	1,699.	
11	Forms W-2G				
12	Forms 1099-R				
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G				
14	Schedules K-1				
15	Forms 1099-INT, DIV and OID				
16	Social Security and Railroad Benefits				
17	Form 1099-B	St _____ Loc _____			
18 a	Other withholding	St _____ Loc _____			
b	Other withholding	St _____ Loc _____			
c	Other withholding	St _____ Loc _____			
d	Positive Adjustment	St _____ Loc _____			
e	Negative Adjustment	St _____ Loc _____			
f	Additional Medicare Tax.				
19	Total Withholding Lines 10 through 18f		4,329.	1,699.	
20	Total Tax Payments for 2021		4,329.	1,699.	

Prior Year Taxes Paid In 2021 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2020 extensions				
22	2020 estimated tax paid after 12/31/2020				
23	Balance due paid with 2020 return				
24	Other (amended returns, installment payments, etc)				

25 Amount paid with 2020 federal extension _____ Date paid. _____
(If blank, 5/17/2021 will be used)

Name(s) Shown on Return Jitendra Harpalani	Social Security Number 086-98-9586
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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	30,006.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2020 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	30,006.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 1,699.00

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 1,699.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . Sales Taxes Greater amount .

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

- b Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . . _____
- c Real estate taxes paid on additional homes or land _____
 Personal portion of real estate taxes from Schedule E Worksheet for:
 - d Principal residence _____
 - e Vacation home _____
 - f Less real estate taxes deducted on Form 8829 _____
 - g Foreign real propety taxes included in lines 2a-2f above _____
 - h Add lines 2a through 2f, less line 2g (to Schedule A, line 5b) _____
- 3 State and local personal property taxes:**
 - a Auto registration fees based on the value of the vehicle.
 2020 Amount Enter 2021 description:
 _____ _____
 _____ _____
 _____ _____
 - b Non-business portion of personal property taxes from Car & Truck Exp Wks _____
 - c Other personal property taxes _____
 - d Add lines 3a through 3c (to Schedule A, line 5c) _____
- 4 Other taxes:**
 - a Other taxes from Schedule(s) K-1 _____
 - b Foreign taxes from interest and dividends _____
 - c Foreign taxes from Schedule(s) K-1 _____
 - d Other foreign taxes (not used to claim a foreign tax credit). _____
 - e Other taxes.
 2020 Amount Enter 2021 description:
 _____ _____
 _____ _____
 _____ _____
 - f Foreign real propety taxes included in lines 4a-4e above _____
 - g Add lines 4a through 4e, less line 4f (to Schedule A, line 6) _____

Interest Deductions

- 5 Home mortgage interest and points reported on Form 1098:**
 - a Mortgage interest and points from the Home Mortgage Interest Worksheet _____
 - b Qualified mortgage interest from Schedule E Worksheet _____
 - c Less home mortgage interest/points deducted on Form 8829 _____
 - d Less home mortgage interest from Form 8396, line 3 _____
 - e Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above. _____
- 6 Home mortgage interest not reported on Form 1098:**
 - a Mortgage interest from the Home Mortgage Interest Worksheet. _____
 - b Less home mortgage interest deducted on Form 8829 _____
 - c Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above _____
- 7 Points not reported on Form 1098:**
 - a Amortizable points from the Home Mortgage Interest Worksheet _____
 - b Other points not on Form 1098 from the Home Mortgage Interest Worksheet _____
 - c Less points deducted on Form 8829 _____
 - d Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above. _____

Name(s) Shown on Return Jitendra Harpalani	Social Security Number 086-98-9586
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State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1,699.
2	2021 state estimated taxes paid in 2021	
3	2020 state estimated taxes paid in 2021	
4	Amount paid with 2020 state application for extension	
5	Amount paid with 2020 state income tax return	
6	Overpayment on 2020 state income tax return applied to 2021 tax	
7	Other amounts paid in 2021 (amended returns, installment payments, etc.)	
8	State estimated tax from Schedule(s) K-1 (Form 1041)	
Local income taxes:		
9	Local income tax withheld	
10	2021 local estimated taxes paid in 2021	
11	2020 local estimated taxes paid in 2021	
12	Amount paid with 2020 local application for extension	
13	Amount paid with 2020 local income tax return	
14	Overpayment on 2020 local income tax return applied to 2021 tax	
15	Other amounts paid in 2021 (amended returns, installment payments, etc.)	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	
Other:		
17		
18	Total Add lines 1 through 17	1,699.
19	State and local refund allocated to 2021	
20	Nondeductible state income tax from line 28	
21	Total reductions Add lines 19 and 20	
22	Total state and local income tax deduction Line 18 less line 21	1,699.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	
24	Adjusted gross income	
25	Add lines 23 and 24	
26	Nondeductible percent. Line 23 divided by line 25	%
27	Hawaii state income tax included in line 18	
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	

Charitable Deduction Limits Worksheet For Current Year Contributions

2021

▶ Keep for your records

Name(s) Shown on Return <u>Jitendra Harpalani</u>	Social Security Number <u>086-98-9586</u>
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Step 1 – Enter your other charitable contributions made during the year.

1 Enter your cash contributions to 100% limit organizations	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 – Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)	8	30,006.
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A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9.	10	
11 Carryover. Subtract line 10 from line 7.	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13.	14	
15 Carryover. Subtract line 14 from line 6.	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7.	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
a Cash portion of deductible amount - for Sch A line 11	a	
b Non-cash portion of deductible amount - for Sch A line 12.	b	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5.	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29		
30	Add lines 10, 14, 21, and 27	30		
31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions subject to limit based on 100% of AGI

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38	
39	Add lines 10, 14, 21, 27, and 36	39	
40	Subtract line 39 from line 38	40	
41	Deductible amount. Enter the smaller of line 1 or line 40	41	
42	Carryover. Subtract line 41 from line 1	42	

G Deduction for the year

43	Add lines 10, 14, 21, 27, 36 and 41. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate.	43	
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44	

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Carryover Contributions

2021

▶ Keep for your records

Name(s) Shown on Return Jitendra Harpalani	Social Security Number 086-98-9586
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Step 1 — Enter your other charitable contributions made during the year.

1 Enter your cash contributions to 100% limit organizations	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)			8		30,006.
	Percentage of line 8	Used in Current Year			
a 60% AGI limit to line 9	18,004.	Less 0.	a	18,004.	
b 50% AGI limit to line 12	15,003.	Less 0.	b	15,003.	
c 30% AGI limit, Section C to line 19	9,002.	Less 0.	c	9,002.	
d 30% AGI limit, Section D to line 26	9,002.	Less 0.	d	9,002.	
e 20% AGI limit to line 35	6,001.	Less 0.	e	6,001.	

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9	10	
11 Carryover. Subtract line 10 from line 7	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
a Cash portion of deductible amount - for Sch A line 11	a	
b Non-cash portion of deductible amount - for Sch A line 12	b	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29		
30	Add lines 10, 14, 21, and 27	30		
31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38	
39	Add lines 10, 14, 21, 27, and 36	39	
40	Subtract line 39 from line 38	40	
41	Deductible amount. Enter the smaller of line 1 or line 40	41	
42	Carryover. Subtract line 41 from line 1	42	

G Deduction for the year

43	Add lines 10, 14, 21, 27, 36 and 41. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate.	43	
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44	

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Contributions Summary

2021

▶ Keep for your records

Name(s) Shown on Return Jitendra Harpalani	Social Security Number 086-98-9586
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
Totals:				

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

Part III Contribution Carryovers to 2022

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2021 contributions							
2 2021 contributions allowed							
3 Carryovers from:							
a 2020 tax year		N/A					
b 2019 tax year		N/A					
c 2018 tax year		N/A					
d 2017 tax year		N/A					
e 2016 tax year		N/A					
4 Carryovers allowed in 2021		N/A					
5 Carryovers disallowed in 2021		N/A					
6 Carryovers to 2022:							
a From 2021							
b From 2020		N/A					
c From 2019		N/A					
d From 2018		N/A					
e From 2017		N/A					
f From 2016		N/A					

Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? Yes No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ▶ Yes No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ▶ Yes No
- 4 Was any charity other than a 60%/50% charity? Yes No

Name(s) Shown on Return Jitendra Harpalani	Social Security Number 086-98-9586
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Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your earned income* more than \$750? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,100	_____	►	1	_____
2	Enter the amount shown below for your filing status. • Single or married filing separately — \$12,550 • Married filing jointly — \$25,100 • Head of household — \$18,800	_____	►	2	18,800.
3	Standard deduction.				
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1956, and not blind, stop here and enter this amount on Form 1040 or 1040-SR, line 12. Otherwise, go to line 3b			3 a	_____
3 b	If born before January 2, 1956, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,350 (\$1,700 if single or head of household)			3 b	_____
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 12			3 c	_____

**Earned income includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.*

Earned Income Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return <u>Jitendra Harpalani</u>	Social Security Number <u>086-98-9586</u>
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Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income	_____	_____	_____
b Optional Method and Church Employee income	_____	_____	_____
c Add lines 1a and 1b	_____	_____	_____
d One-half of self-employment tax	_____	_____	_____
e Subtract line 1d from line 1c	_____	_____	_____
2 If not required to file Schedule SE:			
a Net farm profit or (loss)	_____	_____	_____
b Net nonfarm profit or (loss)	_____	_____	_____
c Add lines 2a and 2b	_____	_____	_____
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C	_____	_____	_____
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	_____	_____	_____

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	30,006.	_____	30,006.
7 a Taxable employer-provided adoption benefits	_____	_____	_____
b Foreign earned income exclusion	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	30,006.	_____	30,006.
9 a Taxable dependent care benefits	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	30,006.	_____	30,006.
11 Scholarship or fellowship income not on W-2	_____	_____	_____
12 SE exempt earnings less nontaxable income	_____	_____	_____
13 Distributions from nonqualified/Sec. 457 plans	_____	_____	_____
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	30,006.	_____	30,006.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	30,006.	_____	30,006.
17 Net self-employment loss	_____	_____	_____
18 Alimony received	_____	_____	_____
19 Nontaxable combat pay	_____	_____	_____
20 Foreign earned income exclusion	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, In 2.	30,006.	_____	30,006.

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	30,006.	_____	30,006.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	30,006.	_____	30,006.

Name(s) Shown on Return <u>Jitendra Harpalani</u>	Social Security Number <u>086-98-9586</u>
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- QuickZoom** to Schedule EIC ▶
- QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . ▶ _____
- QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ▶
- QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. ▶

1 Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes	1	<u>30,006.</u>
2 Adjustments to line 1 amount:		
a Income reported as wages and as self-employment income.	2 a	_____
b Other income entered as wages that is not considered earned income	b	_____
c Distributions from section 457 and other nonqualified plans reported on W-2	c	_____
3 Subtract lines 2a, 2b and 2c from line 1	3	<u>30,006.</u>
4 a Taxpayer's nontaxable combat pay election for EIC	4 a	_____
b Spouse's nontaxable combat pay election for EIC	b	_____
c Total nontaxable combat pay election	4 c	_____
5 If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	5	_____
6 Medicaid Waiver Payments reported as nontaxable	6	_____
7 Earned income. Add lines 3, 4, 5, and 6	7	<u>30,006.</u>
8 Enter the credit, from the EIC Table , for the amount on line 7. Be sure to use the correct column for filing status and number of children.	8	_____
If line 8 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 27.		
9 Enter your AGI from Form 1040, line 11	9	_____
10 If you have:		
• No qualifying children, is the amount on line 9 less than \$11,650 (\$17,600 if married filing jointly)?		
• 1 or more qualifying children, is the amount on line 9 less than \$19,550 (\$25,500 if married filing jointly)?		
<input type="checkbox"/> Yes. Go to line 11 now.		
<input type="checkbox"/> No. Enter the credit, from the EIC Table , for the amount on line 9. Be sure to use the correct column for filing status and number of children	10	_____
11 Earned income credit.		
• If 'Yes' on line 10, enter the amount from line 8		
• If 'No' on line 10, enter the smaller of line 8 or line 10	11	_____

Enter line 11 amount on Form 1040, line 27.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 7 above) is equal to or more than:
 \$21,430 (\$27,380 if married filing jointly) without a qualifying child.
 \$42,158 (\$48,108 if married filing jointly) with one qualifying child.
 \$47,915 (\$53,865 if married filing jointly) with two qualifying children.
 \$51,464 (\$57,414 if married filing jointly) with more than two qualifying children.
- 2 The Adjusted Gross Income (line 9 above) is equal to or more than:
 \$21,430 (\$27,380 if married filing jointly) without a qualifying child.
 \$42,158 (\$48,108 if married filing jointly) with one qualifying child.
 \$47,915 (\$53,865 if married filing jointly) with two qualifying children.
 \$51,464 (\$57,414 if married filing jointly) with more than two qualifying children.
- 3 Investment income is more than \$10,000.
(Investment Income Smart Worksheet, item H above)
- 4 **Without a qualifying child** - The married filing separate filing status is checked.
With a qualifying child - The married filing separate filing status is checked and taxpayer/spouse had the same principal residence for the last 6 months of 2021, and they did not live apart on 12/31 or had no written separation agreement or decree of separate maintenance.
(Information Worksheet, Part II)
- 5 Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 Without a qualifying child, taxpayer (and spouse if filing joint) are under the minimum age to qualify for EIC.
(Information Worksheet, Part I)
- 8 Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are qualifying children of another person.
(Information Worksheet, Part III)
- 11 Disallowed by IRS to claim Earned Income Credit in 2021.
(Information Worksheet, Part IV)
- 12 Filing Form 2555, Foreign Earned Income.
- 13 Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2021?

Yes, all of the above is correct.

No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2021?

2 **Yes**, my dependents lived with me at this address.

No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2021.

Compliance and Due Diligence Indicator **Yes** **No**

Potential qualifying child count ▶ 1
Non dependent potential qualifying child count ▶ 0
Qualifying child count (max 3) ▶ 1

**Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax**

2021

► Keep for your records

Name(s) Shown on Return Jitendra Harpalani	Social Security Number 086-98-9586
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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return Jitendra Harpalani	Social Security Number 086-98-9586
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Taxable Income – Line 1

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	11,206.
2	Additions to income	2	
3	Add lines 1 and 2	3	11,206.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	11,206.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
---	---	---	--

Refund of Taxes – Line 2b

1	Taxable refund of state and local income tax	1	
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes.	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b.	3	

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	30,006.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	30,006.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	27,005.
6	Enter ATNOL carried to 2020 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i.	5	

Alternative Minimum Taxable Income – Line 4

If married filing separately and Form 6251, line 4, is more than \$752,800:		
1	Alternative minimum taxable income, Form 6251	1
2	Threshold amount	2
3	Subtract line 2 from line 1	3
4	Multiply line 3 by 25% (.25)	4
5	Smaller of line 4 or \$57,300	5
6	Add line 1 and line 5. Enter on Form 6251, line 4	6

Exemption – Line 5

1	Enter \$73,600 if single or head of household, \$114,600 if married filing jointly or qualifying widow(er), \$57,300 if married filing separately	1	73,600.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	30,006.
3	Enter \$523,600 if single or head of household, \$1,047,200 if married filing jointly or qualifying widow(er), \$523,600 if married filing separately	3	523,600.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	73,600.

► Keep for your records

Name(s) Shown on Return Jitendra Harpalani		Social Security Number 086-98-9586
1	Enter the amount from Form 6251, line 6	1 _____
2 a	Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a _____
b	Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b _____
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c _____
3	Add line 1 and line 2c	3 _____
4	Tax on the amount on line 3. <ul style="list-style-type: none"> ● If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. ● All Others: If line 3 is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result. 	4 _____
5	Tax on amount on line 2c. If line 2c is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result	5 _____
6	Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6 _____

Federal Carryover Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return Jitendra Harpalani	Social Security Number 086-98-9586
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2020 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2020 State Extension Information

(a) State	(b) Paid With Extension

2020 Locality Extension Information

(a) Locality	(b) Paid With Extension

2020 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2020 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2020 State Taxes Due Information

(a) State	(e) Paid With Return

2020 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2020 State Refund Applied Information

(a) State	(g) Applied Amount

2020 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2020 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2020 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2020	2021
1	Filing status		4 HH
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		1,699.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		30,006.
6	Tax liability for Form 2210 or Form 2210-F		0.
7	Alternative minimum tax		
8 a	Federal overpayment applied to next year estimated tax		
b	Federal extension payment for 2020 return		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2020	2021
9 a	Taxpayer's excess Archer MSA contributions as of 12/31		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31		
b	Spouse's excess Coverdell ESA contributions as of 12/31		
11 a	Taxpayer's excess HSA contributions as of 12/31		
b	Spouse's excess HSA contributions as of 12/31		

Loss and Expense Carryovers		2020	2021
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss		
b	AMT Short-term capital loss		
13 a	Long-term capital loss		
b	AMT Long-term capital loss		
14 a	Net operating loss available to carry forward		
b	AMT Net operating loss available to carry forward		
15 a	Investment interest expense disallowed		
b	AMT Investment interest expense disallowed		
16	Nonrecaptured net Section 1231 losses from:	a	2021
		b	2020
		c	2019
		d	2018
		e	2017
		f	2016
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2021
		b	2020
		c	2019
		d	2018
		e	2017
		f	2016



Name(s) Shown on Return Jitendra Harpalani	Social Security Number 086-98-9586
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Description	Amount
Income	
Wages	30,006.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	30,006.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	30,006.

Two-Year Comparison

2021

Name(s) Shown on Return Jitendra Harpalani	Social Security Number
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Income	2020	2021	Difference	%
Wages, salaries, tips, etc		30,006.	30,006.	
Interest and dividend income				
State tax refund				
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income		30,006.	30,006.	
Adjustments to Income				
Adjusted Gross Income		30,006.	30,006.	
Itemized Deductions				
Medical and dental				
Income or sales tax		1,699.	1,699.	
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	0.	1,699.	1,699.	
Standard or Itemized Deduction		18,800.	18,800.	
Qualified Business Income Deduction				
Taxable Income		11,206.	11,206.	
Income tax		1,123.	1,123.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes		1,123.	1,123.	
Nonbusiness credits		300.	300.	
Business credits				
Total Credits		300.	300.	
Self-employment tax				
Other taxes				
Total Tax After Credits		823.	823.	
Withholding		4,329.	4,329.	
Estimated and extension payments				
Earned income credit				
Additional child tax credit		3,600.	3,600.	
Other payments		6,134.	6,134.	
Total Payments		14,063.	14,063.	
Form 2210 penalty				
Applied to next year's estimated tax				
Refund		13,240.	13,240.	
Balance Due				

Current year effective tax rate -9.25%

Tax Summary
▶ Keep for your records

2021

Name (s)
Jitendra Harpalani

Total income	30,006.
Adjustments to income	
Adjusted gross income	30,006.
Itemized/standard deduction	18,800.
Qualified business income deduction	
Taxable income	11,206.
Tentative tax	1,123.
Additional taxes	
Alternative minimum tax	
Total credits	300.
Other taxes	
Total tax	823.
Total payments	14,063.
Estimated tax penalty	
Amount Overpaid	13,240.
Refund	13,240.
Amount Applied to Estimate	
Balance due	0.

Recovery Rebate Credit Worksheet

2021

Name(s) Shown on Return
Jitendra Harpalani

Social Security No.
086-98-9586

This worksheet is used to compute the allowed recovery rebate credit for line 30 of Form 1040 or 1040-SR after accounting for any economic stimulus payment previously received.

1 Can you be claimed as a dependent on another person's 2021 return?
[X] No. Go to line 2
[] Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet
2 Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return...
[X] Yes. Go to line 6
[] No. If you are filing a joint return, go to line 3.
3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020...
[] Yes. Your credit is not limited. Go to line 6.
[] No. Go to line 4.
4 Does one of you have a social security number that was issued on or before the due date of your 2021 return...
[] Yes. Your credit is limited. Go to line 6.
[] No. Go to line 5
5 Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR...
[] Yes. Enter 0 on line 6 and go to line 7.
[] No. Stop. You can't take the credit. Don't complete the rest of this worksheet...
6 Enter: \$1,400 if single, head of household, married filing separately, qualifying widow(er).
\$1,400 if married filing jointly and you answered "Yes" to question 4, or
\$2,800 if married filing jointly and you answered "Yes" to question 2 or 3
7 Multiply \$1,400 by the number of dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR...
8 Add lines 6 and 7
9 Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?
Single or married filing separately-\$75,000
Married filing jointly or qualifying widow(er)-\$150,000
Head of household-\$112,500
[] Yes. Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10
[X] No. Enter the amount from line 8 on line 12 and skip lines 10 and 11
10 Is line 9 more than the amount shown below for your filing status?
Single or married filing separately-\$80,000
Married filing jointly or qualifying widow(er)-\$160,000
Head of household-\$120,000
[] Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.
[] No. Subtract line 9 from the amount shown above for your filing status.
11 Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).
Single or married filing separately-\$5,000
Married filing jointly or qualifying widow(er)-\$10,000
Head of household-\$7,500
12 Multiply line 8 by line 11.
13 Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at IRS.gov/Account for the amount to enter here.
14 Recovery rebate credit. Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR.

Compare to U. S. Averages

▶ Keep for your records

2021

Name(s) Shown on Return <u>Jitendra Harpalani</u>	Social Security No <u>086-98-9586</u>
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Your 2021 adjusted gross income (AGI) 30,006.
 National adjusted gross income range used below from 30,000. to 49,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	30,006.	39,356.
Taxable interest		709.
Tax-exempt interest		4,509.
Dividends		2,822.
Business net income less loss		15,935.
Net capital gain		5,162.
Net capital loss		2,282.
Taxable IRAs pensions and annuities		11,438.
Rent and royalty net income less loss		8,209.
Partnership and S corporation net income less loss		17,638.
Taxable social security benefits		8,289.
Medical and dental expenses deduction		8,946.
Taxes paid deduction	1,699.	4,512.
Interest paid deduction		6,671.
Charitable contributions deduction		3,058.
Total itemized deductions	1,699.	17,594.
Child care credit		630.
Education tax credits		1,110.
Child tax credit		1,053.
Retirement savings contributions credit	300.	205.
Earned income credit		1,809.
Other Information	Actual Per Return	National Average
Adjusted gross income	30,006.	41,482.
Taxable income	11,206.	23,164.
Income tax	1,123.	3,030.
Alternative minimum tax		10,730.
Total tax liability	823.	3,265.

► Keep for your records

Name(s) Shown on Return
Jitendra Harpalani

Social Security Number
086-98-9586

(a) First Installment Due Date **4/15/2021** Required Installment . . . _____
 Underpayment _____

Payment Date	Payment	Days Late	Rate Period	Interest Rate	Penalty
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total underpayment penalty on first required installment					_____

(b) Second Installment Due Date **6/15/2021** Required Installment . . . _____
 Underpayment _____

Payment Date	Payment	Days Late	Rate Period	Interest Rate	Penalty
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total underpayment penalty on second required installment					_____

(c) Third Installment Due Date **9/15/2021** Required Installment . . . _____
 Underpayment _____

Payment Date	Payment	Days Late	Rate Period	Interest Rate	Penalty
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total underpayment penalty on third required installment					_____

(d) Fourth Installment Due Date **1/15/2022** Required Installment . . . _____
 Underpayment _____

Payment Date	Payment	Days Late	Rate Period	Interest Rate	Penalty
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total underpayment penalty on fourth required installment					_____

* Remaining balance due after applying all payments **Total penalty** _____

Estimated Taxes and Form W-4 Worksheet

Name: Jitendra Harpalani
SSN: 086-98-9586

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

Choose the Method You Will Use to Pay Your 2022 Federal Income Taxes

By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)

By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2022 withholding will be _____

Overpayment from my 2021 return. 13,240.

Amount of my 2021 overpayment to apply to 2022 instead of refunding it _____

Enter Your Filing Status and Other Information for Your 2022 Tax Return

Choose your filing status 4 - Head of household

Taxpayer age as of the end of 2022 36
 Spouse age as of the end of 2022 _____

Do you qualify for an additional standard deduction?
Taxpayer: _____ **Total** 0
Spouse: _____

Check if you must itemize in 2022. (See Tax Help.)

Dependent of Another

Check if you will be the dependent of another person (but not if married filing jointly).

Dependents on return:

	2021	2022
Number of qualifying children dependents age 16 and under	<u>1</u>	<u>1</u>
Number of qualifying children dependents age 17 to 23	<u>0</u>	<u>0</u>
Number of other dependents on return	<u>0</u>	<u>0</u>

Enter Your 2022 Income and Deductions in 2nd column	2021 Actual	2022 Expected
Compensation:		
Annual wages and salary for taxpayer	<u>30,006.</u>	
Medicare wages for taxpayer (W-2 box 5)	<u>31,506.</u>	
Annual wages and salary for spouse		
Medicare wages for spouse (W-2 box 5)		
Self-employment Income:		
Schedule C income for taxpayer		
Schedule C income for spouse		
Schedule F & K-1 income for taxpayer		
Schedule F & K-1 income for spouse		
Conservation Reserve Program Payments for taxpayer		
Conservation Reserve Program Payments for spouse		
Annual net income from self-employment for taxpayer		
Annual net income from self-employment for spouse		

W-2: Check to populate W-2 table from 2021 return

Employer	Owner	Wages	2021 Withholding	2022 Wages	2022 Withholding

Schedule C: Check to populate Schedule C table from 2021 return

Name	Owner	2021 Income	2021 Expenses	2022 Income	2022 Expenses

Other Tax Information:		
Note: Include this income in the Other Income section below.		
Net Investment Income for 3.8% tax	0 .	
Qualified dividends		
Maximum Capital Gains Rate Tax Information:		
Net short-term capital gains or losses		
Net long-term capital gains or losses		
Net 28%-rate capital gains included in long-term		
Unrecap'd Sec 1250 gains incl in long-term (<i>see Tax Help</i>)		
Investment income election (<i>see Tax Help</i>)		
Other Income:		
Total of your other taxable income and losses (<i>see Tax Help</i>)	0 .	
Foreign income or housing exclusions		
Adjustments:		
Deductible IRA contributions, alimony, etc		
Itemized Deductions:		
Total medical expenses		
State and local property and income taxes (or sales tax)	1,699 .	
Deductible foreign income taxes		
Deductible mortgage interest		
Cash charitable contributions		
Other charitable contributions		
Deductible investment interest expense, casualty or theft losses (<i>see Tax Help</i>)		
Other itemized deductions		
Net qualified disaster loss (<i>see Tax Help</i>)		
Standard Deduction:		
Standard deduction	18,800 .	19,400 .
Charitable cash contributions if using the standard deduction		

Deduction Allowed:		
Deduction (<i>greater of standard+qual'd disaster loss or item'd</i>)	18,800.	19,400.
Other Deduction:		
Qualified business income deduction (<i>see Tax Help</i>)		
Credits:		
Earned Income Tax Credit		
Child Tax Credit		0.
Child and Dependent Care Credit		
Education Credits		
Other Credits.	300.	

Income Tax Calculation for Your 2022 Tax Return	2021 Actual	2022 Expected
Taxable income	11,206.	0.
Income tax	1,123.	
Alternative minimum tax (Enter Alt Min tax expected in 2022) . . .		
Premium tax credit repayment (Enter amt expected for 2022) . . .		
Total credits (Enter credits expected in 2022)	300.	0.
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
Net investment income tax (3.8%)		0.
Other taxes (Enter other taxes expected in 2022)	0.	
Total federal income tax	823.	0.

Enter the Tax Payments You've Already Made for Your 2022 Tax Return	
The federal income tax actually withheld from your paychecks to date	
Taxpayer	
Spouse	
Federal estimated tax payments you've already made	
Payment number 1 (April 18, 2022)	
Payment number 2 (June 15, 2022)	
Payment number 3 (September 15, 2022)	
2021 federal overpayment credited to 2022 (<i>from page 1 above</i>)	
Total taxes paid to date	
Balance of payments needed or (expected refund)	0.

Summary of Taxes to be Paid for 2022	
Federal income taxes to be withheld from your paychecks	
Your 2021 federal overpayment you applied to 2022	
Your 2022 federal estimated taxes, based on <u>100% of your 2021 actual tax</u>	
Estimate of total payments you will need to make for 2022	

Estimated Tax Payment Options

Name:	<u>Jitendra Harpalani</u>
SSN:	<u>086-98-9586</u>

Prepare My 2022 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2022 estimated taxable income	0.
<input type="checkbox"/> 100% of tax on your 2022 estimated taxable income	0.
<input type="checkbox"/> 66-2/3% of tax on your 2022 estimated taxable income (for farmers and fishermen only, see Tax Help)	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2021 taxes (prior-year exception) Note: If your 2021 taxes were less than \$1000, see Tax Help	0.

Amount of Estimated Taxes to Pay in 2022	
Taxes based on method above	0.
Expected withholding for 2022 . . . (.2021 actual withholding)	4,329.
Taxes due after withholding	0.
Estimates you've already paid	_____
Last year's overpayment you applied to this year	_____
Balance of estimated taxes due	0.

Round My Payments Up
<input type="checkbox"/> To the next \$10
<input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help)
<input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000
<input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2022	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 18, 2022	_____
<input type="checkbox"/> Payment number 2, due June 15, 2022	_____
<input type="checkbox"/> Payment number 3, due September 15, 2022	_____
<input type="checkbox"/> Payment number 4, due January 17, 2023	_____

Total estimated tax payments for 2022	_____
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Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program
<input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

Additional Information for Form W-4

Name:	<u>Jitendra Harpalani</u>
SSN:	<u>086-98-9586</u>

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

<input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
Enter Salary and Pay Periods for 2022	Taxpayer	Spouse
Your annual salary for this year	_____	_____
Salary you have already received in 2022	_____	_____
Your remaining salary for this year	_____ 0.	_____
Number of paychecks you have remaining this year		
How often you are paid	_____	_____
Your gross salary per pay period	_____	_____

Form W-4 Personal Withholding Adjustments	Taxpayer	Spouse
Withholding status	_____	_____
Additional withholding per pay period	_____	_____
Estimated future withholding per pay period	_____	_____
Estimated future withholding through remainder of year	_____	_____
Top tax rate being withheld	_____ %	_____ %

Change in Federal Income Tax Withholding per Pay Period	Taxpayer	Spouse
See tax help for more information.		
Current withholding per pay period	_____	_____
Estimated future withholding per pay period	_____	_____
Increase/(decrease) in net pay per pay period	_____	_____

Summary of Federal Income Taxes to be Withheld in 2022: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding	_____
Spouse's withholding	_____
Total withholding	_____

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: Jitendra Harpalani
 Social Security No.: 086-98-9586

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. Authorization to Release Personal Information. 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	\$ 13,240.00
Less Processor Refund Processing Fee	\$ 39.00
Less TurboTax Fees	\$ 98.00
Less Fees for Additional Products and Services Purchased	\$ 49.00
Expected Proceeds*	\$ 13,054.00

* 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. Temporary Deposit Account Authorization. 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

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. Acknowledgements. (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. Truth in Savings Disclosure. 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 and will be retained by Processor. Questions or concerns about 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. Disbursement Method: 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:

- Checking
- Savings

RTN # 021200339
 Account # 381061094020

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 not 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 Box 70010, Pasadena, CA 91117 or telephone (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. Compensation. 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. Governing Law. 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.

11. Arbitration Provision. 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. Arbitration of Claims: 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. Other Claims Subject to Arbitration: 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. Exceptions: 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. Individual Claims Only: 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. Arbitration Fees: 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. Procedure: 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.

12. Taxpayer Identity Validation Disclosure. 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?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ● Social Security number and account balances ● account transactions and checking account information ● transaction history and payment history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.	
	Reasons we can share your personal information	Does Green Dot Bank share?
	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
	For our marketing purposes — to offer our products and services to you.	Yes
	For joint marketing with other financial companies.	Yes
	For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes
	For our affiliates' everyday business purposes — information about your creditworthiness.	No
	For our affiliates to market to you.	No
	For nonaffiliates to market to you.	No
		Can you limit this sharing?
		No
		No
		No
		We don't share
		We don't share
		We don't share
Questions?	Call 1-800-901-6663	

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?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ● 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 <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ● 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 <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ● <i>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.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ● <i>Green Dot Bank does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ● <i>The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries.</i>

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

Name: Jitendra Harpalani
 Social Security No.: 086-98-9586

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 Civista 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. Authorization to Release Personal Information. 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	\$ 13,240.00
Less Processor Refund Processing Fee	\$ 39.00
Less TurboTax Fees	\$ 98.00
Less Fees for Additional Products and Services Purchased	\$ 49.00
Expected Proceeds*	\$ 13,054.00

* 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. Temporary Deposit Account Authorization. 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 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. Acknowledgements. (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. Truth in Savings Disclosure. 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 and will be retained by Processor. Questions or concerns about 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. Disbursement Method: 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:

Checking
 Savings

RTN # 021200339
Account # 381061094020

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 **not** 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 refund(s) 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 Box 70010, Pasadena, CA 91117 or telephone (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. **Compensation.** 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. **Governing Law.** 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.

11. **Arbitration Provision.** 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

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11.1. Arbitration of Claims: 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. Other Claims Subject to Arbitration: 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. Exceptions: 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. Individual Claims Only: 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. Arbitration Fees: 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. Procedure: 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.

12. Taxpayer Identity Validation Disclosure. 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.

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Civista Bank Tax Product Privacy Policy

FACTS What does Civista 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?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> ● Social Security number and account balances ● payment history and transaction history ● overdraft history and account transactions <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.	
Reasons we can share your personal information	Does Civista Bank Share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes – to offer our products and services to you.	Yes	No
For joint marketing with other financial companies.	Yes	No
For our affiliates' everyday business purposes – information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes – information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For non affiliates to market to you.	No	We don't share
Questions?	Call Toll Free: 800-901-6663 or go to www.civista.bank	

Who we are	
Who is providing this notice?	Civista Bank
What we do	
How does Civista 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 Civista Bank collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> ● Sharing for affiliates everyday business purposes — information about your creditworthiness, ● Affiliates from using your information to market to you, ● Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ● Civista Bank does not share with our affiliates.
Non affiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> ● Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ● Our joint marketing providers include: financial service providers that offer additional payment products.
Other Important Information	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Jitendra Harpalani

Primary SSN: 086-98-9586

Federal Return Submitted: _____

Federal Return Acceptance Date: _____

Your return has not been electronically transmitted yet

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight . Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone, and you electronically file your return at 9 AM on , your Intuit electronic postmark will indicate , 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before , and a corrected return is submitted and accepted before . If your return is submitted after , a new time stamp is issued to reflect that your return was submitted after the IRS deadline, and consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight . If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before , and the corrected return is submitted and accepted by

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

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.

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. 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) at <https://www.treasury.gov/tigta/>.

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

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

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."

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

Sign this agreement by entering your name:

Please type the date below:

Date

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) at <https://www.treasury.gov/tigta/>.

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:

Jitendra

Harpalani

Please type the date below:

04/15/2022

Date

Jigna

Anandpara

04/15/2022



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. 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) directly from the Internal Revenue Service ("IRS") for free. 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 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"), 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) 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 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 10.

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	Free
	Check mailed by IRS to address on tax return(s).	Approximately 6 to 8 weeks ¹	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ¹	Free
	Check mailed by IRS to address on tax return(s).	Approximately 21 to 28 days ¹	
ELECTRONIC FILING (E-FILE) Refund Processing Service	Direct deposit to your personal bank account.	Usually within 21 days ¹	Free option with your purchase of a Tax Product ²

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 a TurboTax Fee, the cost of the Tax Product, and any fees for additional products and services purchased. Note that the cost of the Tax Product may vary depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Service Agreement for the cost of the service you have chosen.

Questions? Call 877-908-7228

Pro Delegation Worksheet

2021

Check this box if you are preparing this return as a PRO preparer

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area?
Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____ or NY Exclusion Code _____
For NM, OR Preparers Only: State ID# _____
Preparer E-mail _____ Print date on return?
Preparer Phone _____ CAF # _____
Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

- File federal return electronically
 File state returns electronically
 File other returns electronically

Print and Mail Selections (use only if e-file ineligible):

- Federal return printed and mailed to IRS
 State return printed and mailed to state agency
 Other return printed and mailed

Select state returns to file electronically:

Table with header 'State(s)' and three blank rows for input.

Select state returns to file by mail:

Table with header 'State(s)' and three blank rows for input.

Select other returns to file electronically:

Table with header 'Other Return(s)' and three blank rows for input.

Select other returns to file by mail:

Table with header 'Other Return(s)' and three blank rows for input.

Electronic Filing and Printing of Amended Return Information

Electronic Filing:

- File federal amended return(s) electronically
 File state amended return(s) electronically

Print and Mail Selections (use only if e-file ineligible):

- Federal amended return printed and mailed
 State amended return printed and mailed

Select state amended return(s) to file electronically:

Table with header 'State(s)' and three blank rows for input.

Select state amended return(s) to file by mail:

Table with header 'State(s)' and three blank rows for input.

Please fill out the survey at the link below to help us better understand your experience working with the tax optimization features.

<https://forms.gle/ugi2CxnyuAXNW2Kb7>

Suggestions For Customer

Suggestion ID	Suggestion
0000	No pilot project expert suggestion was determined for this customer

Pro Notes About Suggestions

Suggestion ID	Suggestion
---------------	------------

Loan Agreement

See the PDF version of this

Show form in forms mode - developer option

Jitendra Harpalani	NAME
086-98-9586	SSN

Agree
 Not Agree

Loan Agreement

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Jitendra Harpalani	NAME
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<hr/>	
	39.00 FEE - paragraph 1
13,240.00	L1 - para 3 - expected fed refund
	39.00 L2 - para 3 - processor refund processing fee - rfee
	98.00 L3 - para 3 - TurboTax Fees
	49.00 ADDPRDS - para 3 - Additional products
13,054.00	L4 - para 3 - expected proceeds
	39.00 FEE2 - para 6
<hr/>	

Agree
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	13,054.00 L3 - para 3 - expected proceeds

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<u>49.00</u>	L2 - para 3 - Additional products & services
<u>13,054.00</u>	L3 - para 3 - expected proceeds

<input type="checkbox"/>	Agree
<input type="checkbox"/>	Not Agree

Smart Worksheets From 2021 Federal Tax Return

SMART WORKSHEET FOR: Form 2441: Child and Dependent Care Expenses

Credit Limitation Smart Worksheet	
<p>Note: Line 11 is presently calculated by subtracting line B from line A, and limiting Line 10 to that amount. If zero or less, stop; you cannot take the credit.</p>	
A	Enter the amount from Form 1040, 1040-SR, or 1040-NR line 18 <u>1,123.</u>
B	Enter the amount from Schedule 3 (Form 1040), line 1 _____

SMART WORKSHEET FOR: Schedule 8812: Additional Child Tax Credit

Principal Place of Abode and Letter 6419 Information Smart Worksheet	
A 1	Check 'Yes' if you (or your spouse if married filing jointly) have a principal place of abode in the United States for more than half of 2021, otherwise check 'No'. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Check 'Yes' if you (or your spouse if married filing jointly) are a bona fide resident of Puerto Rico for 2021, otherwise check 'No' <input type="checkbox"/> <input type="checkbox"/>
B 1	Advance child tax credit payments received from Letter 6419 - taxpayer <u>0.</u>
2	Advance child tax credit payments received from Letter 6419 - spouse _____
C 1	Number of qualifying children from Letter 6419 - taxpayer _____
2	Number of qualifying children from Letter 6419 - spouse _____
D	Check if on your 2020 tax return you filed married filing jointly and on your 2021 tax return you file married filing jointly with a different spouse <input type="checkbox"/>

SMART WORKSHEET FOR: Form 8880: Credit for Retirement Contributions

Eligibility Smart Worksheet

A | The amount on Form 1040, 1040-SR, or Form 1040-NR, line 11, is more than \$33,000
(\$49,500 if head of household; \$66,000 if married filing jointly). ▶ Yes No

B Born after January 1, 2004. Taxpayer ▶ Yes No
Spouse . ▶ Yes No

C Claimed as a dependent on someone else's
2021 tax return. Taxpayer ▶ Yes No
Spouse . ▶ Yes No

D A student in 2021 (see instructions) Taxpayer ▶ Yes No
Spouse . ▶ Yes No

Note: If the 'Yes' box on line **A** is checked, you are not eligible for the credit and this form will not be completed.

Even if the 'No' box on line **A** is checked, any retirement savings contribution the taxpayer may have will not qualify for the credit if any 'Yes' box is checked on line **B**, **C**, or **D** for the taxpayer. If this is the case, lines 1 through 6 will not be completed for the taxpayer.

Similarly, any retirement savings contribution the spouse may have will not qualify for the credit if any 'Yes' box is checked on line **B**, **C**, or **D** for the spouse; in this case, lines 1 through 6 will not be completed for the spouse, even if the 'No' box is checked on line **A**.

SMART WORKSHEET FOR: Form 8880: Credit for Retirement Contributions

Line 2 Smart Worksheet

Elective deferrals Taxpayer . . 1,500. Spouse . . .
After-tax voluntary employee
contributions (See help) Taxpayer . . Spouse . . .

SMART WORKSHEET FOR: Form 8880: Credit for Retirement Contributions

Line 11 Credit Limit Smart Worksheet

1 Enter the amount from Form 1040, 1040-SR, or Form 1040-NR, line 18 1,123.
2 Enter the total of your credits from Schedule 3, lines 1 through 3, 6d, and 6l.
3 Subtract line 2 from line 1. Also enter this amount on Form 8880, line 11.
But if zero or less, **stop**; you can't take this credit--don't file this form. 1,123.

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Tax Smart Worksheet	
A Tax	1,123.
Check if from:	
1 Tax table	<input checked="" type="checkbox"/>
2 Tax Computation Worksheet (see instructions)	<input type="checkbox"/>
3 Schedule D Tax Worksheet	<input type="checkbox"/>
4 Qualified Dividends and Capital Gain Tax Worksheet	<input type="checkbox"/>
5 Schedule J	<input type="checkbox"/>
6 Form 8615	<input type="checkbox"/>
7 Foreign Earned Income Tax Worksheet	<input type="checkbox"/>
B Additional tax from Form 8814	_____
C Additional tax from Form 4972	_____
D Tax from additional Form(s) 4972	_____
E Recapture tax from Form 8863	_____
F IRC Section 197(f)(9)(B)(ii) election for an additional tax	_____
G Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative	_____
H Additional tax from Form 8621	_____
I Tax. Add lines A through G. Enter the result here and include in tax below.	1,123.
J Form 8621 tax deferral from line 9c (to line 24)	_____

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
A Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . .	_____0.

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart Worksheet	
Check this box to override the filing status selected thru Interview . .	<input type="checkbox"/>
Marital Status	_____
Filing Status Selected	_____

SMART WORKSHEET FOR: Dependent Information Worksheet (Dishina)

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person? (Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse []
Taxpayer [X]
Spouse []

C Did this person provide more than 1/2 of their own support? [] Yes [X] No

D Was this person married on December 31, 2021 and filing a joint return for the year (You may answer no if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? [] Yes [] No

Detailed answers for this question. This dependent:

- Was married on December 31, 2021 [] Yes [] No
- If married, filed a joint return for the year [] Yes [] No
- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. [] Yes [] No
- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately [] Yes [] No

E Is this person a Full time student? [] Yes [] No

F Is this person's gross income less than \$4,300? [] Yes [] No

1 Did you provide over 1/2 the support for this person?

or

Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? [] Yes [] No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? [X] Yes [] No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement? [] Yes [X] No

Has the other parent waived their legal right so you can claim this dependent on your tax return? [] Yes [] No

H Who will be claiming this person as a dependent as a result of:

- an agreement between the parents
- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return? [X]
Other parent in different return? []
Someone else in different return? []

SMART WORKSHEET FOR: Dependent Information Worksheet (Dishina)

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

* They received gross income greater than \$4,300 or more or
 * They filed a joint return

SMART WORKSHEET FOR: Part-Year State Allocation Worksheet

Additional Other Income Allocation Smart Worksheet						
<i>* Enter the state of source for this income (See Tax Help)</i>						
	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
Y Not-for-profit (hobby) income . . T						
Not-for-profit (hobby) income . . S						
Z Stock options T						
Stock options S						
AA Miscellaneous other income . . T						
Miscellaneous other income . . S						

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).

A Is this activity a qualified trade or business under Section 199A? Yes No

B QBI worksheet to report

C Specified Service Trade or Business (SSTB)? Yes No

D I am not a statutory employee

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Substitute Form W-2 Smart Worksheet

A Treat as a substitute W-2 and generate a form 4852

B Linked substitute W-2 Form 4852 ▶ _____

C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet ▶

Does your mortgage interest need to be limited: Yes . . . No . . .

A Home mortgage interest and points reported on Form 1098:

1 Sum of lines 5a through 5d below _____

2 Limited amount to report on line 5a below _____

B Home mortgage interest not reported on Form 1098:

1 Sum of lines 6a and 6b below _____

2 Limited amount to report on line 6a below _____

C Points not reported on Form 1098:

1 Sum of lines 7a through 7c below _____

2 Limited amount to report on line 7a below _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 ▶

A Taxpayer:

1 Taxpayer, nontaxable combat pay _____

1a Taxpayer, prior year nontaxable combat pay from 2019 _____

2 Election for earned income credit (EIC):
Elect taxpayer's nontaxable combat pay as earned income for EIC? ▶ Yes No

3 Election for dependent care benefits (DCB):
Elect taxpayer's nontaxable combat pay as earned income for DCB? ▶ Yes No

4 Election for child and dependent care credit:
Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? ▶ Yes No

B Spouse:

1 Spouse, nontaxable combat pay _____

1a Spouse, prior year nontaxable combat pay from 2019 _____

2 Election for earned income credit (EIC):
Elect spouse's nontaxable combat pay as earned income for EIC? ▶ Yes No

3 Election for dependent care benefits (DCB):
Elect spouse's nontaxable combat pay as earned income for DCB? ▶ Yes No

4 Election for child and dependent care credit:
Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? ▶ Yes No

C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment 13,240. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Prior Year Earned Income Election Smart Worksheet
Election to use 2019 earned income for Earned Income Credit

The "Yes" box must be marked on Line A for 2019 earned income to be used for EIC calculations.

A Elect to use 2019 earned income for EIC ▶ Yes No

B Earned income for EIC from your 2019 return _____

C Current year earned income for EIC 30,006.

If Line C is equal to or greater than Line B the taxpayer is not eligible to use 2019 earned income for EIC calculations.

D You may compare the tax benefit of electing to use 2021 Earned Income by checking the boxes on line A

Overpayment 13,240. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A	Taxable and tax exempt interest _____
B	Dividend income _____
C	Capital gain net income _____
D	Royalty and rental of personal property net income _____
E	Passive activity net income :
1	Rental real estate net income or loss _____
2	Farm rental net income or loss _____
3	Partnerships and S corporations net income or loss _____
4	Estates and trusts net income or loss _____
5	Total of lines 1 through 4 _____
6	Total passive activity net income , line 5 if greater than zero _____
F	Interest and dividends from Forms 8814 _____
G	Adjustments _____
H	Total investment income , add lines A through G <u> 0 </u>
<p>Is line H, total investment income over \$10,000?</p> <p><input checked="" type="checkbox"/> No. You may take the credit.</p> <p><input type="checkbox"/> Yes. Stop. You cannot take the credit.</p>	

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Age Requirements Smart Worksheet	
<p>Filers without a qualifying child have certain age requirements. Answer the questions below:</p>	
<input type="checkbox"/>	Taxpayer is a qualified former foster youth, or a qualified homeless youth
<input type="checkbox"/>	Spouse is a qualified former foster youth, or a qualified homeless youth
<p>You qualify as a specified student if you were enrolled in a program that leads to a degree, certificate, or other recognized educational credential and carried at least one-half the normal workload for your course of study during at least 5 calendar months of the year. For purposes of determining whether you were enrolled during at least 5 calendar months, count any month during which you were enrolled for at least part of the month. The 5 months do not need to be consecutive.</p>	
<input type="checkbox"/>	Taxpayer qualifies as a specified student for EIC purposes when filing without a qualifying child
<input type="checkbox"/>	Spouse qualifies as a specified student for EIC purposes when filing without a qualifying child

SMART WORKSHEET FOR: Earned Income Credit Worksheet

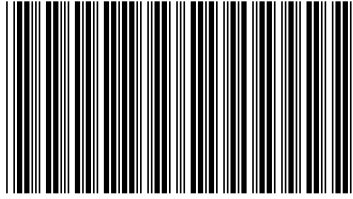
Married Filing Separately Smart Worksheet (with one or more qualifying child)	
<p>MFS filers with a qualifying child have additional requirements. Answer the questions below:</p>	
Did you and your spouse have the same principal residence for the last 6 months of 2021?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you lived apart from your spouse at the end of 2021?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Qualifying Children Smart Worksheet					
			Year of birth		
First name Last name	MI Suff	Social security number Relationship	Was the child under age 24 at the end of 2021, a student, and younger than you (or your spouse, if filing jointly)?	Was the child permanently and totally disabled during any part of 2021?	Lived with taxpayer in the U.S.
Dishina Harpalani	J	797-38-5108 Daughter	2021	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No 12
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

SMART WORKSHEET FOR: Estimated Tax Payment Options

For Residents of Guam or the U.S. Virgin Islands Only	
<input type="checkbox"/>	Permanent resident of Guam or U.S. Virgin Islands
<input type="checkbox"/>	Nonpermanent resident of Guam or U.S. Virgin Islands



040MP01210

For Privacy Act Notification, See Instructions

Your Social Security Number (required)
086989586

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
HARPALANI JITENDRA

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50)
0906

Home Address (Number and Street, including apartment number)
45 RIVER DR S APT 2215

City, Town, Post Office
JERSEY CITY

State ZIP Code
NJ 073103727

Driver's License Number (Voluntary) (See instructions)
H06534020012861

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

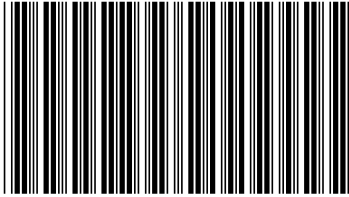
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	<input checked="" type="checkbox"/>	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	<input type="checkbox"/>	No

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1
dd2. Account type (C for checking, S for savings)	dd2.	C
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Routing number	dd4.	021200339
dd5. Account number	dd5.	381061094020





040MP02210

Name(s) as shown on Form NJ-1040
HARPALANI JITENDRA

Your Social Security Number
086989586

1555

Part-year residents, provide months/days you were a New Jersey resident during 2021:
From: To:

Fiscal year filers only:
Enter month of your year end 2 0 2 2

Filing Status
Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2019 2020

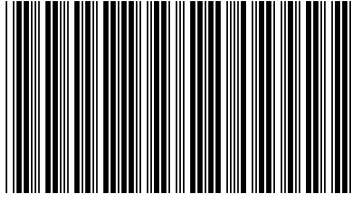
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1956 or earlier)		Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled		Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran		Self	Spouse/CU Partner			x \$6,000 =	_____
10. Qualified Dependent Children					1	x \$1,500 =	<u>1500</u>
11. Other Dependents						x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)					0	x \$1,000 =	<u>0</u>
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	<u>2500</u>

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	<u>HARPALANI, DISHINA J</u>	<u>797385108</u>	<u>2021</u>	<input checked="" type="checkbox"/>
b.	_____			
c.	_____			
d.	_____			



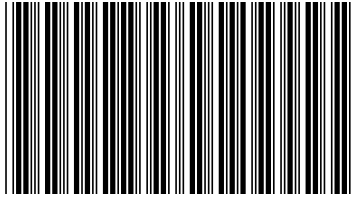
040MP03210

Name(s) as shown on Form NJ-1040
HARPALANI JITENDRA

Your Social Security Number
086989586

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	36000	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	.
17. Dividends	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	.	.
20a. Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	.	.
20b. Excludable pension, annuity, and IRA distributions/withdrawals	20b.	.	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	21.	.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	.
24. Net Gambling Winnings (See instructions)	24.	.	.
25. Alimony and Separate Maintenance Payments received	25.	.	.
26. Other (Enclose documents) (See instructions)	26.	.	.
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	36000	.
28a. Pension/Retirement Exclusion (See instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	.	.
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	.	.
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	36000	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	2500	.
31. Medical Expenses (See Worksheet F and instructions)	31.	.	.
32. Alimony and Separate Maintenance Payments (See instructions)	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	2500	.
38. Taxable Income (Subtract line 37 from line 29)	38.	33500	.
39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	.	.
39b. Block	.	.	.
39b. Lot	.	.	.
39b. Qualifier			Fill in if you completed Worksheet G
39c. County/Municipality Code			
39d. Indicate your residency status during 2021 (fill in only one)	Homeowner	Tenant	Both
40. Property Tax Deduction (From Worksheet H) (See instructions)	40.	.	.
41. New Jersey Taxable Income (Subtract line 40 from line 38)	41.	33500	.
42. Tax on Amount on line 41 (Tax Table page 52)	42.	517	.
43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	.	.
Enter Code			
44. Balance of Tax (Subtract line 43 from line 42)	44.	517	.
45. Sheltered Workshop Tax Credit	45.	.	.
46. Gold Star Family Counseling Credit (See instructions)	46.	.	.
47. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	47.	.	.
48. Total Credits (Add lines 45 through 47)	48.	.	.
49. Balance of Tax After Credits (Subtract line 48 from line 44) If zero or less, make no entry	49.	517	.
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	50.	0	.
51. Interest on Underpayment of Estimated Tax	51.	.	.
Fill in if Form NJ-2210 is enclosed			
52. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	52.	1043	.



040MP04210

Name(s) as shown on Form NJ-1040
HARPALANI JITENDRA

Your Social Security Number
086989586

1555

53. Total Tax Due (Add lines 49 through 52)	53.	1560	.
54. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	54.	1699	.
55. Property Tax Credit (See instructions page 23)	55.	.	.
56. New Jersey Estimated Tax Payments/Credit from 2020 tax return	56.	.	.
57. New Jersey Earned Income Tax Credit (See instructions)	57.	.	.
Fill in if you had the IRS calculate your federal earned income credit			
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
58. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	58.	.	.
59. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	.	.
60. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.	.
61. Wounded Warrior Caregivers Credit (See instructions)	61.	.	.
62. Pass-Through Business Alternative Income Tax Credit (See instructions)	62.	.	.
63. Child and Dependent Care Credit (See instructions)	63.	1334	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
64. Total Withholdings, Credits, and Payments (Add lines 54 through 63)	64.	3033	.
65. If line 64 is less than line 53, you have tax due. Subtract line 64 from line 53 and enter the amount you owe	65.	.	.
If you owe tax, you can still make a donation on lines 68 through 75.			
66. If the total on line 64 is more than line 53, you have an overpayment. Subtract line 53 from line 64 and enter the overpayment	66.	1473	.
67. Amount from line 66 you want to credit to your 2022 tax	67.	.	.
68. Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other
69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other
70. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other
71. Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other
72. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other
73. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
74. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
75. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)	76.	.	.
77. Balance due (If line 65 is more than zero, add line 65 and line 76)	77.	.	.
78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66)	78.	1473	.

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date

Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

Firm's Name Firm's Federal Employer Identification Number

SELF PREPARED

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
State of New Jersey
Division of Taxation
Revenue Processing Center - Payment
PO Box 111
Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:
State of New Jersey - TGI
You can also make a payment on our website:
nj.gov/taxation

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

REQUIRED

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040 HARPALANI, JITENDRA	Social Security Number 086-98-9586
---	---------------------------------------

Schedule NJ-HCC

Health Care Coverage

2021

If your income on line 29 is at or below the filing threshold (see instructions), do not complete this schedule.

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2021? (See instructions for line 52, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 52, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 52, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

Name	Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
JITENDRA HARPALANI	086-98-9586												
Exemption number: <input type="text"/>		Check box if this individual has more than one exemption number <input type="checkbox"/>											

Name	Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Dishina Harpalani	797-38-5108												
Exemption number: <input type="text"/>		Check box if this individual has more than one exemption number <input type="checkbox"/>											

Name	Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption number: <input type="text"/>		Check box if this individual has more than one exemption number <input type="checkbox"/>											

Name	Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption number: <input type="text"/>		Check box if this individual has more than one exemption number <input type="checkbox"/>											

Name	Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption number: <input type="text"/>		Check box if this individual has more than one exemption number <input type="checkbox"/>											

If your income on line 29 is at or below the filing threshold,
do not complete this schedule.

Name as Shown on Return HARPALANI, JITENDRA	Social Security No. 086-98-9586
--	------------------------------------

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2021 (See instructions for line 52, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 52, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 52, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

QuickZoom to Shared Responsibility Payment Calculation Worksheet ➔ _____

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
JITENDRA HARPALANI	086-98-9586	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
Dishina Harpalani	797-38-5108	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											

Worksheet L

New Jersey
Shared Responsibility Payment Calculation
 Do not complete if everyone in your tax household had minimum essential health coverage or qualified for an exemption for the entire year.

2021

Taxpayer's Name
HARPALANI, JITENDRA

Social Security No.
086-98-9586

Part I

1	Enter the amount from line 27 (Total Income) of your NJ-1040. Do not use income from your federal income tax return	1	36,000.															
2	Enter the amount from line 16b (Tax-Exempt Interest) of your NJ-1040	2																
3	Enter income of any dependents you claim on your return. Also include any individual(s) you can, but do not, claim as a dependent(s) on your return.*																	
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Dependent name</th> <th style="text-align: center; border-bottom: 1px solid black;">Enter amount from Line 27, NJ-1040</th> <th style="text-align: center; border-bottom: 1px solid black;">Enter amount Line 16b, NJ-1040</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">Dishina Harpalani</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table>	Dependent name	Enter amount from Line 27, NJ-1040	Enter amount Line 16b, NJ-1040	Dishina Harpalani													
Dependent name	Enter amount from Line 27, NJ-1040	Enter amount Line 16b, NJ-1040																
Dishina Harpalani																		
	Total dependent income. Add the amount in each column and enter the total on line 3. + _____ =	3																
	If more than five dependents have income, include any additional dependents' income in the total on line 3.																	
	* List estimated income, if any, of dependents who will not file a 2021 New Jersey Income Tax return. Do not include any dependent's income that is included on your own 2021 NJ-1040.																	
4	Total household income. Add lines 1 through 3	4	36,000.															
5	Enter the amount listed for your filing status: \$10,000 — Single Married/CU partner filing separate return \$20,000 — Married/CU couple filing joint return Head of Household Qualifying widow(er)/surviving CU partner	5	20,000.															
6	Subtract line 5 from line 4	6	16,000.															
7	Income Percentage Amount. Multiply the amount on line 6 by 2.5% (0.025)	7	400.															

8 Did you or anyone in your tax household have minimum essential health coverage for part, but not all of the year?
 Yes. Complete Part III.
 No. Complete Part II.

Part II – Complete if no one in your tax household had minimum essential health coverage for any part of the year.

1	Number of individuals in your tax household who were 18 or older (see instructions) _____ x \$695.00 =	1	
2	Number of individuals in your tax household who were under age 18 (see instructions) . _____ x \$347.50 =	2	
3	Add line 1 and line 2	3	
4	Flat Rate Amount. Enter the lessor of line 3 or \$2,085	4	
5	Income Percentage Amount. Enter the income percentage amount from Part I, line 7	5	
6	Enter the greater of line 4 or line 5	6	
7	Enter the amount listed for the size of your tax household: 1 person — \$3,492 3 people — \$10,476 5+ people — \$17,460 2 people — \$6,984 4 people — \$13,968	7	
8	Shared Responsibility Payment. Enter the lesser of line 6 or line 7. Also enter on line 52, NJ-1040	8	

Part III – Complete if any member of your tax household had minimum essential health coverage during any part, but not all, of the year.

Section A			
1a	Number of individuals listed in Part II of Schedule NJ-HCC who were 18 or older (see instr.) <u>1</u> x 12 = <u>12</u>		
1b	Number of boxes checked for individuals included in line 1a _____		
1c	Months without minimum essential health coverage. Subtract line 1b from line 1a <u>12</u>		
1d	Multiply line 1c by \$57.92	1d	695.
2a	Number of individuals listed in Part II of Schedule NJ-HCC who were under age 18 (see instr.) . . <u>1</u> x 12 = <u>12</u>		
2b	Number of boxes checked for individuals included in line 2a _____		
2c	Months without minimum essential health coverage. Subtract line 2b from line 2a <u>12</u>		
2d	Multiply line 2c by \$28.96	2d	348.
3	Add lines 1d and 2d	3	1,043.
4	Flat Rate Amount. Enter the lesser of line 3 or \$2,085	4	1,043.
Section B			
5	Enter the income percentage amount from Part I, line 7	5	400.
6	Number of individuals listed in Part II of Schedule NJ-HCC <u>2</u> x 12 = <u>24</u>		
7	Number of boxes checked in Part II of Schedule NJ-HCC _____		
8	Months without minimum essential health coverage. Subtract line 7 from line 6 <u>24</u>		
9	Divide line 8 by line 6 (Enter as a percentage)	9	1.0000
10	Income Percentage Amount. Multiply the amount on line 5 by the percentage on line 9	10	400
Section C			
11	Enter the greater of line 4 or line 10	11	1,043.
12	Enter the amount listed for the size of your tax household: 1 person — \$3,492 3 people — \$10,476 5+ people — \$17,460 2 people — \$6,984 4 people — \$13,968	12	6,984.
13	Shared Responsibility Payment. Enter the lesser of line 11 or line 12. Also enter on line 52, NJ-1040	13	1,043.

(Keep for your records)

New Jersey Information Worksheet

2021

▶ Keep for your records

Part I – Personal Information

Taxpayer:

First Name JITENDRA
 Middle Initial Suffix
 Last Name HARPALANI
 Social Security No. 086-98-9586
 Date of Birth 12/05/86
 Age as of 12/31/2021 35
 Date of Death
 Daytime Phone (969)945-3388 *
 Home Phone *

Spouse:

First Name
 Middle Initial Suffix
 Last Name
 Social Security No.
 Date of Birth
 Age as of 12/31/2021
 Date of Death
 Daytime Phone *

* Check one of these boxes to designate daytime phone number.

c/o (care of)
 Street Address 45 RIVER DR S Apt. No. 2215
 City JERSEY CITY State NJ ZIP Code 073103727
 County of Residence HUDSON
 County/Municipality Code (residents only) 0906

- Check this box if your name is different on last year's NJ tax return
 Check this box if your address is different on last year's NJ tax return

Part II – Main Form

- Form NJ-1040: Resident Tax Return ▶
 Form NJ-1040NR: Nonresident Tax Return ▶
 Enter state of residency
 Form NJ-1040: Part-Year Resident Tax Return ▶
 Enter dates of New Jersey residency. From To
Yes No
 Did you receive any income from New Jersey sources during your period of nonresidence?
 If **Yes**, both NJ-1040 and NJ-1040NR will be prepared.

QuickZoom to Allocation Worksheet for Part-Year and Nonresidents ▶

Part III – Filing Status

- Single
 Married/Civil Union Couple, filing joint return
 Married/Civil Union Partner, filing separate return
Yes No
 Did you maintain the same residence as your spouse/CU partner?
 If Yes, enter the gross income reported on spouse's/CU partner's NJ-1040, line 29
 Head of household
 Qualifying widow(er)/Surviving CU Partner

Part IV – Exemptions

	You	Spouse/CU Partner	Domestic Partner
Regular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 65 or over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran exemption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of qualifying dependent children 1
 Number of other dependents.
 Number of dependents attending colleges (must be under age 22) 0

Part V – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing
 - 2 You do not need forms mailed to you next year
 - 3 Presidential Disaster Relief
 - 4 Death certificate attached for deceased taxpayer
- Yes No
- 5 a Do you wish to designate \$1 of your taxes for the Gubernatorial Elections Fund?
 - b If joint return, does your spouse wish to designate \$1?

Part VI – Electronic Filing Information

Yes No

Will federal PIN(s) be used? (See Help)

Part VII – Direct Deposit Information or Direct Debit Information

Direct Deposit:

Yes No

Do you want direct deposit of state tax refund? (EF - All filers; Print filers - residents filers only)

Direct Debit:

Yes No

Do you want direct debit of state tax payment? (Electronic Filing Only)

Bank Information:

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) . . . Bank of America

Checking account

Savings account

Routing number 021200339

Account number 381061094020

Payment date to withdraw from the account above . . . _____

State balance-due amount from this return _____

International ACH Transactions

Yes No

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

_____ Bank name for International ACH Transaction

Part VIII – Extension Status

Yes No

Has the tax return due date been extended for a six month extension?

Extended due date . . . _____

QuickZoom to Form NJ-630: Application for Extension of Time to File ► _____

Part IX – Amended Return

You are filing a New Jersey amended return (See Tax Help)

Enter the tax year you are amending . . . _____

Previous New Jersey payment made . . . _____

Previous New Jersey refund received . . . _____

QuickZoom to Form NJ-1040X: Amended Income Tax Resident Return ► _____

QuickZoom to Form NJ-1040NR: Amended Income Tax Nonresident Return ► _____

QuickZoom to Form NJ-1040 ► _____

QuickZoom to Form NJ-1040NR ► _____

Name as Shown on Return HARPALANI, JITENDRA		Social Security No. 086-98-9586		
	2020	2021	Difference	%
Income		NJ-1040		
Wages		36,000.	36,000.	
Interest				
Dividends				
Net profits from business				
Disposition of property				
Pensions, annuities and IRA withdrawals				
Partnership income				
S corporation income				
Income from rents, royalties, etc				
Gambling winnings				
Alimony & separate maint pmt received .				
Other income				
Total income		36,000.	36,000.	
Pension exclusion				
Other retirement income exclusion				
Total NJ gross income		36,000.	36,000.	
Exemption amount		2,500.	2,500.	
Medical expenses				
Alimony payments				
Qual cons cntrib/HEZ dedct/Alt bus adj .		0.	0.	
Total exemptions and deductions		2,500.	2,500.	
Taxable income		33,500.	33,500.	
Property tax deduction				
New Jersey taxable income		33,500.	33,500.	
Nonresident tax on total taxable inc . . .				
Nonresident New Jersey income %				
New Jersey tax		517.	517.	
Cr for taxes paid to other jurisdictions . .				
Sheltered Workshop Tax credit				
Balance of tax after credits	0.	517.	517.	
Use tax		0.	0.	
Underpayment penalty				
Total tax and penalty	0.	517.	517.	
Withholding		1,699.	1,699.	
Estimated tax payments, amount applied from prior year return				
Refundable credits		1,334.	1,334.	
Total payments and refundable credits		3,033.	3,033.	
Applied to next year's estimated tax . . .				
Voluntary gifts/contributions				
Refund	0.	1,473.	1,473.	
Balance Due				

Allocation Worksheet for Part-Year and Nonresidents

2021

▶ Keep for your records

Name as Shown on Return HARPALANI, JITENDRA	Social Security No. 086-98-9586
---	------------------------------------

Part I - Income	Federal Income Modified	New Jersey Resident Period	New Jersey Nonresident Period	
Part-year residents: Complete column B (also complete column D if applicable). Full year nonresidents: Complete column D only.	Column A Income from all sources	Column B Income from column A for this period	Column C Income for nonresident period	Column D Income from New Jersey sources
1 Wages, salaries, tips, etc	36,000.			
2 a Taxable interest income				
b Less penalty for early withdrawal of savings				
3 Dividend income				
4 Business income				
5 a Gain or loss from disposition of property				
b Capital gain distribution				
c Other gains or losses				
6 Gain or loss from rents, royalties, patents				
7 Net gambling winnings				
8 Pension and IRA distributions . . .	<i>See IRA/Pension Worksheet</i>			
9 Distributive share of partnership income				
10 Net pro rata share of S corporation income				
11 Alimony and separate maintenance				
12 Other income				
Part II - Deductions (Part-year residents and nonresidents)		Column A Total Amount	Column B Resident Period	Column C Nonresident Period
13 a Nonreimbursed medical expenses				
b Qualified medical savings account contribution				
c Self-employed health insurance deduction				
14 Alimony paid				
15 Qualified Conservation Contribution				
16 a Partner's HEZ deduction from Schedule NJK-1, Form NJ-1065				
b Shareholder's HEZ deduction from Schedule NJ-K-1, Form CBT-100S				
c HEZ deduction for sole proprietors				
16 Health Enterprise Zone deduction				
17 Organ/bone marrow donation deduction				

Part III - Payments and Withholdings (Part-year residents and nonresidents)	Column A Total Amount	Column B Resident Period	Column C Nonresident Period
18 Sheltered workshop tax credit			
19 Credit for employer of organ/bone marrow donor			
20 New Jersey tax withheld	1,699.		
21 New Jersey estimated tax payments/overpayment credit from previous year			
22 Tax paid on your behalf by partnership(s)			
23 Excess New Jersey UI/WF/SWF withheld			
24 Excess New Jersey disability insurance withheld			
25 Excess New Jersey family leave insurance withheld			
26 Pass-through business alternative income tax credit			

Total Wages Worksheet

2021

▶ Keep for your records

Name as Shown on Return <u>HARPALANI, JITENDRA</u>	Social Security No. <u>086-98-9586</u>
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Important Information

Note: Use this worksheet ONLY if you have multiple state wage entries on Box 16 of a Form W-2 and the sum of those entries exceeds actual wages paid. Since New Jersey requires wages to pull from the Box 16 field, there is the possibility wage income could be overstated if duplicate Box 16 amounts are not excluded by use of this worksheet.

Note: Typically, the New Jersey wages should not be excluded, and are usually higher than wages reported to New York (for example).
see <http://www.state.nj.us/treasury/taxation/pdf/current/njwt.pdf>

Note: Multiple Forms W-2 reporting multiple states' wages should be entered on a single Federal Form W-2 in the program.

Note: If NJ Family Leave Insurance (FLI) was reported on Form W-2, boxes 15-17, and was entered in the program in boxes 15-17, return to the Form W-2 and remove it from boxes 15-17. Enter the FLI in box 14

See Tax Help for more details

A Employer's name	B State name	C Federal wages tips, etc from Form W-2 Box 1	D State wages tips, etc from Form W-2 Box 16	E Check box to exclude duplicate state wages
<u>INTSTRUX LLC</u>		<u>30,006.</u>		<input type="checkbox"/>
<u>- State Wages</u>	<u>NJ</u>		<u>36,000.</u>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
Total federal wages from column C		30,006.		
Total state wages from column D			36,000.	
Less wages excluded from New Jersey return (by checking box in column E).				
Wages from all sources			36,000.	

Worksheet H Property Tax Deduction/Credit Worksheet

2021

▶ Keep for your records

Name(s) <u>HARPALANI, JITENDRA</u>	Social Security No. <u>086-98-9586</u>
---------------------------------------	---

Complete both columns of this schedule to find out whether the property tax deduction or the property tax credit is better for you.

<p>1 Property Taxes. Enter the property taxes from line 39a of Form NJ-1040 Senior Freeze (Property Tax Reimbursement) applicants must use their base year amount. (See instructions)</p>	1	
<p>2 Property Tax Deduction. Is the amount on line 1 of this worksheet \$15,000 or more (\$7,500 or more if you and your spouse file separate returns but maintained the same main home)?</p> <p><input type="checkbox"/> Yes. Enter \$15,000 (\$7,500 if you and your spouse file separate returns but maintained the same main home).</p> <p><input type="checkbox"/> No. Enter the amount from line 1.</p>	2	

STOP if you are claiming a credit for taxes paid to other jurisdictions.

Complete only lines 1 and 2. Then complete Schedule NJ-COJ and Worksheet I. See instructions.

		Column A	Column B
3 Taxable Income (from line 38 of Form NJ-1040)	3		
4 Property Tax Deduction (from line 2 above)	4		-0-
5 New Jersey Taxable Income (subtract line 4 from line 3).	5		
6 Tax on line 5 amount (from Tax Tables or Tax Rate Schedules)	6		
7 Subtract line 6, column A, from line 6, column B	7		

8 Is the line 7 amount \$50 or more (\$25 if you and your spouse file separate returns but maintain the same main home)?

Part-year residents, see instructions before answering "No."

Yes. The Property Tax Deduction is more beneficial for you.
Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 40	Line 4, Column A
Line 41	Line 5, Column A
Line 42	Line 6, Column A
Line 55	Make no entry

No. The Property Tax Credit is more beneficial for you.
Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 40	Make no entry
Line 41	Line 5, Column B
Line 42	Line 6, Column B
Line 55	\$50 (\$25 if you and your spouse file separate returns but maintained the same main home).

Part-year residents must prorate this amount.

Worksheet K Use Tax Calculation

2021

Name HARPALANI, JITENDRA	Social Security Number 086-98-9586
-----------------------------	---------------------------------------

Part I - Use Tax due on items or services costing less than \$1,000 each
Complete lines 1a-1d OR line 2.

If you know the exact amount of your purchases...

Description of Property Purchased Less Than \$1,000	Sale Tax Paid	Purchase Price

1 a Enter the exact amount of your taxable purchases on which on New Jersey Sales Tax was collected.	1 a	
1 b Multiply line 1a by 6.625% (.06625)	1 b	
1 c Enter the amount of sales tax collected by other states for purchases on line 1a, up to 6.625%. Do not include sales tax collected by foreign countries	1 c	
1 d Subtract line 1c from line 1b. Continue with Part II	1 d	
OR		
2 Enter the amount of Use Tax from the Estimated Use Tax Chart below that corresponds to the income you reported on line 29, Form NJ-1040. Continue with Part II	2	

Part II - Use Tax due on items or services costing \$1,000 or more each

Description of Property Purchased Greater Than Or Equal To \$1,000	Sale Tax Paid	Purchase Price

3 a Enter the exact amount of your taxable purchases on which on New Jersey Sales Tax was collected.	3 a	
3 b Multiply line 3a by 6.625% (.06625)	3 b	
3 c Enter the amount of sales tax collected by other states for purchases on line 1a, up to 6.625%. Do not include sales tax collected by foreign countries	3 c	
3 d Subtract line 3c from line 3b. Continue with Part III	3 d	

Part III - Total Use Tax Due

4 Add the amount from either line 1d or line 2 to the amount on line 3d. Enter here and on line 50, Form NJ-1040	4	
--	---	--

Estimated Use Tax Chart (for Part 1, line 2 only)	
New Jersey gross income	Use Tax
\$0 - \$15,000	\$ 14
\$15,001 - \$30,000	\$ 44
\$30,001 - \$50,000	\$ 64
\$50,001 - \$75,000	\$ 84
\$75,001 - \$100,000	\$ 106
\$100,001 - \$150,000	\$ 134
\$150,001 - \$200,000	\$ 170
Above \$200,000 - 0.0852% (.000852) of NJ gross income, or \$494, whichever is less.	
Estimated Use Tax Chart Amt for this tax return	64

Tax Payments Worksheet

2021

▶ Keep for your records

Name <u>HARPALANI, JITENDRA</u>	Social Security Number <u>086-98-9586</u>
------------------------------------	--

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	1,699.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-NEC	b	
c	State withholding on Forms 1099-G	c	
d	State withholding on Forms 1099-K	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	1,699.
15	Date return will be filed and balance paid	15	04/18/2022

Deduction for Medical Expenses and Medical Savings Account Contributions

2021

▶ Keep for your records

Name <u>HARPALANI, JITENDRA</u>	Social Security No. <u>086-98-9586</u>
1 a Total nonreimbursed federal medical expenses.	1 a _____
b New Jersey medical insurance premiums included in your New Jersey wages (NJ after-tax) but not your Federal wages (Federal pre-tax) on your W-2 and not deductible on Federal Schedule A	b _____
c Total nonreimbursed medical expenses	c _____
2 Multiply line 29, NJ-1040 (line 29, column A, NJ-1040NR) by 2% (.02)	2 <u>720.</u>
3 Medical expenses deduction. Subtract line 2 from line 1c. If less than zero, enter zero.	3 <u>0.</u>
4 Enter the amount of your qualified Archer MSA contributions from federal Form 8853	4 _____
5 Enter the amount of your self-employed health insurance deduction	5 _____
6 Total deduction for medical expenses/medical savings account contributions. Add lines 3, 4, and 5. Enter the result here and on line 31, Form NJ-1040 (Line 31, Form NJ-1040NR). If less than zero, enter zero	6 <u>0.</u>

► Keep for your records

Name(s) Shown on Return
HARPALANI, JITENDRA

Your Social Security Number
086-98-9586

Part I 2022 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2021 Estimates:

- a 100% of **2021** taxes (default, see Tax Help) 517.
- b 100% of tax on **2022** estimated taxable income 0.
- c 80% of tax on **2022** estimated taxable income 0.
- d 66-2/3% of tax on **2022** estimated taxable income (farmers and fishermen) 0.
- e Equal to 100% of overpayment (no vouchers) 1,473.
- f Enter total amount you want to use for estimates and check box _____

2 Selected estimated tax amount:

- a 2022 Required Annual Payment based on your choice above 517.
- b Estimated amount of 2022 state income tax withholding 1,699.
- c **Total of estimated tax payments required for 2022** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$401 or more (default)
- b Calculate estimates if _____ (specify amount) or more
- c Calculate estimates regardless of amount
- d Do **not** calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available (Form NJ-1040, line 64; Form NJ-1040NR, line 56) 1,473.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
- b Apply all (increase estimate if required)
- c Apply to extent of total estimated tax and refund excess
- d Apply to extent of first quarter amount and refund excess
- e Enter amount you want to apply 0.
- f Amount applied to 2022 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 1,473.

3 Select Overpayment Application Sequence:

- a ◀ Consecutively b ◀ Evenly

Part III Rounding and Printing Options

1 Select Rounding Option:

- a ◀ Round up to next \$1 b ◀ Round up to next \$10 c ◀ Round up to next \$100 d ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ◀ Print (per Part I, lines 3a - c) b ◀ Print only name, etc. c ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 18, 2022	2 Jun 15, 2022	3 Sep 15, 2022	4 Jan 17, 2023	Total
1 If you have already made payments, enter amounts. . .					
2 Indicate which payment is due next. (e.g. if it is now April 25, 2022, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					

Part V Changes to Income, Deductions and Withholding for 2022

Income Information

2021 income and deductions are entered in the '2021 Actual' column below.

***Caution:** For each line in the '2022 Estimated' column, enter the estimated 2022 amount if different from 2021. Otherwise, the '2021 Actual' amount will be used for that line. If zero, enter zero.

	2021 Actual		*2022 Estimated	
	All sources	New Jersey source (nonresidents only)	All sources	New Jersey source (nonresidents only)
1 Total income	36,000.			
2 Total pension and other retirement income exclusion			Change in 2022	See Tax Help
3 a Number of exemptions for regular, 65 or over, blind/disabled, and dependents attending colleges	<u>1</u>			
b Number of exemptions for veterans honorably discharged				
c Number of exemptions for dependent children and other dependents	<u>1</u>			
4 a Medical expenses				
b Medical savings account contribution				
c Self-employed health insurance deduction				
5 Alimony paid				
6 Qualified conservation contribution				
7 Health Enterprise Zone deduction				
8 Alternative business calculation adjustment	0.			
9 Organ/Bone Marrow Donation Deduction				
10 Property tax deduction				
11 Credit for income taxes paid to other jurisdiction				
12 Child and dependent care credit	<u>1,334.</u>			
13 Sheltered workshop tax credit				
14 Gold Star Family Counseling credit				
15 Credit for Employer of Organ/Bone Marrow Donor				
16 Income tax withheld	<u>1,699.</u>			
17 Property tax credit				
18 Earned income tax credit				
19 Wounded Warrior Caregivers credit				
20 Pass-Through Business Alternative Income Tax Credit				

Part VI Filing Status for 2022

1 Choose 2022 Filing Status: (defaults to Last Year's Status)

- Single
- Married, Civil Union Couple Filing Joint Return
- Married, Civil Union Partner Filing Separate Return
- Head of Household
- Qualifying Widow(er), Separate Civil Union Partner

Part VII 2022 Estimated Taxable Income and Tax

	Column A All sources	Column B New Jersey source
1 Total income expected in tax year (before exclusions)	36,000.	
2 Total pension and other retirement income exclusion		
3 New Jersey gross income (subtract line 2 from line 1)	36,000.	
4 a Number of exemptions . <u>1</u> x \$1,000	4 a 1,000.	
b Number of exemptions . <u>1</u> x \$1,500	b 1,500.	
c Number of exemptions . _____ x \$6,000	c _____	
5 Medical expenses in excess of 2% (.02) of gross income (line 3), qualified medical savings account contributions and health insurance costs of the self-employed	5 _____	
6 Alimony and separate maintenance payments	6 _____	
7 Qualified Conservation Contribution	7 _____	
8 Health Enterprise Zone deduction	8 _____	
9 Alternative business calculation adjustment	9 0.	
10 Organ/Bone Marrow Donation Deduction	10 _____	
11 Total exemptions and deductions (add lines 4a through 10)	11 _____	2,500.
12 Taxable income (subtract line 11 from line 3, column A)	12 _____	33,500.
13 Property tax deduction	13 _____	
14 New Jersey taxable income (subtract line 13 from line 12)	14 _____	33,500.
15 a Tax — see Tax Rate Tables	15 a _____	516.
b Tax for nonresidents: Multiply line 15a by income percentage _____ %	b _____	
16 Credit for income taxes paid to other jurisdictions	16 _____	
17 Child and dependent care credit	17 _____	1,334.
18 Sheltered Workshop Tax Credit	18 _____	
19 Gold Star Family Counseling Credit	19 _____	
20 Credit for Employer of Organ/Bone Marrow Donor	20 _____	
21 Balance of tax (subtract lines 16, 17, 18, 19, and 20 from line 15)	21 _____	0.
22 Property tax credit	22 _____	
23 Earned income tax credit	23 _____	
24 Wounded Warrior Caregivers Credit	24 _____	
25 Pass-Through Business Alternative Income Tax Credit	25 _____	
26 Estimated tax (subtract lines 22, 23, 24 and 25 from line 21)	26 _____	0.

Tax Summary
 ► Keep for your records

2021

Name(s) HARPALANI, JITENDRA	
New Jersey gross income	36,000.
Total exemptions and deductions	2,500.
New Jersey taxable income	33,500.
Penalty for underpayment of estimated tax	
Shared responsibility payment	1,043.
Total tax	1,560.
Total payments and credits	3,033.
Overpayment	1,473.
Amount applied to year 2022 estimated tax	
Contributions	
Refund	1,473.
Balance due	
Tax bracket	1.750 %

Smart Worksheets From 2021 New Jersey Tax Return

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return

Property Tax Information Smart Worksheet

1 Did you live in more than one qualifying New Jersey residence during 2021? Yes No

2 Did you share ownership of a principal residence during 2021 with anyone other than your spouse? Yes No

3 Did a principal residence you owned during 2021 consist of multiple units? Yes No

4 Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit? Yes No

5 Were you both a homeowner and a tenant during 2021? Yes No

If the answer to any of the above questions is Yes, complete Worksheet G. QuickZoom to Worksheet G

A Total property tax paid in 2021 _____
Part-year residents: Enter the amount while a resident of New Jersey _____

B Total rent paid in 2021 _____
Part-year residents: Enter the amount while a resident of New Jersey _____

C If your filing status is **married filing separate return**, did you maintain the same residence as your spouse?
 Answer this question on NJ Information Wks (if Yes, reduce by 50%). Yes No

D You were a New Jersey homeowner on October 1, 2021 and you are eligible and file for a 2021 Homestead Benefit Yes No

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return

Child and Dependent Care Credit Smart Worksheet

A Enter your federal credit for child and dependent care expenses 3,334

B Enter your taxable income from line 41, NJ-1040 33,500.

C Enter the percentage below based on your taxable income (NJ-1040, line 41). 40%

\$0 - \$30,000 . . . 50%

\$30,001 - \$60,000 . . . 40%

\$60,001 - \$90,000 . . . 30%

\$90,001 - \$120,000. . . 20%

\$120,001 - \$150,000. . . 10%

Over \$150,000 Not eligible

D Multiply line A by the percentage on line C. Also enter this amount on line 63 1,334
Part-year residents must prorate this amount.

SMART WORKSHEET FOR: Health Care Coverage

Health Care Coverage Smart Worksheet

Full-year insurance Part-year insurance No insurance/None

* Check part-year insurance if an exemption code applies.

SMART WORKSHEET FOR: Health Care Coverage

Tax Household Smart Worksheet - Taxpayer and Spouse		
Name	Social Sec No.	Date of Birth
JITENDRA HARPALANI	086-98-9586	12/05/86
<p>* For purposes of calculating the shared responsibility payment, an individual who is under age 18 on January 1 is considered to be under 18 for the entire year.</p>		

SMART WORKSHEET FOR: Health Care Coverage

Tax Household Smart Worksheet - Dependents		
Name	Social Sec No.	Date of Birth
Dishina Harpalani	797-38-5108	07/30/21
<p>* For purposes of calculating the shared responsibility payment, an individual who is under age 18 on January 1 is considered to be under 18 for the entire year.</p>		

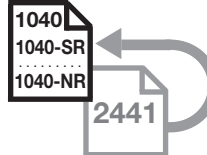
SMART WORKSHEET FOR: Health Care Coverage

Number of Months Covered Smart Worksheet	
Name of individuals 18 or older	Number of Covered Months
JITENDRA HARPALANI	
Total 1	
Name of individuals under 18	Number of Covered Months
Dishina Harpalani	
Total 1	

SMART WORKSHEET FOR: Use Tax Worksheet

Out-of-State Purchases Smart Worksheet		
<ul style="list-style-type: none"> ● <i>Did you make untaxed purchases from out-of-state retailers (e.g., on Internet)?</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ● <i>Did you have individual purchases less than \$1,000?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> ● <i>For purchases less than \$1,000, do you have all the receipts to enter below?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <p style="margin-left: 40px; font-size: small;">If you answer "No," the estimated use tax table will be compared to the use tax on entered purchases less than \$1,000, and the greater tax will be used. If you answer "Yes," the use tax will be calculated based on your entries.</p> ● <i>Did you have individual purchases of \$1,000 and greater?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <p style="margin-left: 40px; font-size: small;">You must enter your individual purchases below.</p> 		
Description of Property Purchased <i>Enter all purchases in this table</i>	Sale Tax Paid	Purchase Price
Purchases		

Child and Dependent Care Expenses



Department of the Treasury
Internal Revenue Service (99)

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

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Jitendra Harpalani

Your social security number

086-98-9586

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box

B For 2021, your credit for child and dependent care expenses is refundable if you, or your spouse if married filing jointly, had a principal place of abode in the United States for more than half of 2021. If you meet these requirements, check this box

Part I Persons or Organizations Who Provided the Care—You must complete this part.

If you have more than three care providers, see the instructions and check this box

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Check here if the care provider is your household employee. (see instructions)	(e) Amount paid (see instructions)
	Rekhaben Sojitra	89 Terrace Ave Jersey City NJ 07307	151-67-6078	<input type="checkbox"/>	5,000.
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Did you receive dependent care benefits?
 No → Complete only Part II below.
 Yes → Complete Part III on page 2 next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2021 but didn't pay them until 2022, or if you prepaid in 2021 for care to be provided in 2022, don't include these expenses in column (c) of line 2 for 2021. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2021 for the person listed in column (a)
First	Last		
Dishina J	Harpalani	797-38-5108	6,667.

3	Add the amounts in column (c) of line 2. Don't enter more than \$8,000 if you had one qualifying person or \$16,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	3	6,667.
4	Enter your earned income . See instructions	4	30,006.
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	30,006.
6	Enter the smallest of line 3, 4, or 5	6	6,667.
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11	7	30,006.
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7. • If line 7 is \$125,000 or less, enter .50 on line 8. • If line 7 is over \$125,000 and no more than \$438,000, see the instructions for line 8 for the amount to enter. • If line 7 is over \$438,000, don't complete line 8. Enter zero on line 9a. You may be able to claim a credit on line 9b.	8	X .50
9a	Multiply line 6 by the decimal amount on line 8	9a	3,334.
9b	If you paid 2020 expenses in 2021, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, go to line 10	9b	
10	Add lines 9a and 9b and enter the result. If you checked the box on line B above, this is your refundable credit for child and dependent care expenses ; enter the amount from this line on Schedule 3 (Form 1040), line 13g, and don't complete line 11. If you didn't check the box on line B above, go to line 11	10	3,334.
11	Nonrefundable credit for child and dependent care expenses. If you didn't check the box on line B above, your credit is nonrefundable and limited by the amount of your tax; see the instructions to figure the portion of line 10 that you can claim and enter that amount here and on Schedule 3 (Form 1040), line 2	11	

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2021. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	3,333.
13	Enter the amount, if any, you carried over from 2020 and used in 2021. See instructions	13	0.
14	If you forfeited or carried over to 2022 any of the amounts reported on line 12 or 13, enter the amount. See instructions	14	(5,000.)
15	Combine lines 12 through 14. See instructions	15	0.
16	Enter the total amount of qualified expenses incurred in 2021 for the care of the qualifying person(s)	16	5,000.
17	Enter the smaller of line 15 or 16	17	0.
18	Enter your earned income . See instructions	18	30,006.
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	30,006.
20	Enter the smallest of line 17, 18, or 19	20	0.
21	Enter \$10,500 (\$5,250 if married filing separately and you were required to enter your spouse's earned income on line 19). If you entered an amount on line 13, add it to the \$10,500 or \$5,250 amount you enter on line 21. However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions	21	10,500.
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership? <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0.
23	Subtract line 22 from line 15	23	0.
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0.
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	25	0.
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a. On the dotted line next to Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a, enter "DCB"	26	0.

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$8,000 (\$16,000 if two or more qualifying persons)	27	
28	Add lines 24 and 25	28	
29	Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2020 expenses in 2021, see the instructions for line 9b	29	
30	Complete line 2 on page 1 of this form. Don't include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

Smart Worksheets From 2021 New Jersey Tax Return Attachment

SMART WORKSHEET FOR: Form 2441: Child and Dependent Care Expenses

Credit Limitation Smart Worksheet	
Note: Line 11 is presently calculated by subtracting line B from line A, and limiting Line 10 to that amount. If zero or less, stop ; you cannot take the credit.	
A	Enter the amount from Form 1040, 1040-SR, or 1040-NR line 18 <u>1,123.</u>
B	Enter the amount from Schedule 3 (Form 1040), line 1 _____