

Federal Electronic Filing Instructions

Tax Year 2021

You are responsible for confirming the status of your electronically filed return. You can confirm the status of your return by going to <https://www.taxact.com/ef/efile-center>. You will need to enter the primary social security number and last name on the return along with your ZIP code.

You can check the status of your client's returns by clicking the Refresh button in the Professional Reports.

Practitioner PIN: You do not need to mail any paper signature forms to the IRS. The preparer is required to sign Form 8879 and retain the completed form for three years from the return due date or IRS received date, whichever is later. Electronic storage is acceptable. The return has been successfully filed once an acceptance from the IRS is received.

Refund:

You have elected to receive your refund of \$14,656 via direct deposit.

You can start checking the status of your refund within 24 hours of e-filing at the IRS website <https://www.irs.gov/Refunds> under Where's My Refund. The IRS issues most refunds in less than 21 days. Updates to refund status are made once daily - usually at night.

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial SANTHOSH KUMAR		Last name POTURAJU		Your social security number 205-41-8573	
If joint return, spouse's first name and middle initial SWETHA		Last name MARTHI		Spouse's social security number 974-96-1924	
Home address (number and street). If you have a P.O. box, see instructions. 2929 WEST YORKSHIRE DR				Apt. no. 1040	
City, town, or post office. If you have a foreign address, also complete spaces below. PHOENIX				State AZ	
				ZIP code 85027	
Foreign country name		Foreign province/state/county		Foreign postal code	
				<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☒ Yes ☐ No

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

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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):
SHARVIL	POTURAJU	064-37-6619	Son	Child tax credit <input checked="" type="checkbox"/> Credit for other dependents <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	101,869.
	2a	Tax-exempt interest	2a	b Taxable interest	2b 13.
	3a	Qualified dividends	3a 1.	b Ordinary dividends	3b 11.
	4a	IRA distributions	4a	b Taxable amount	4b
	5a	Pensions and annuities	5a	b Taxable amount	5b
	6a	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	1,994.
	8	Other income from Schedule 1, line 10		8	79.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	103,966.
	10	Adjustments to income from Schedule 1, line 26		10	
	11	Subtract line 10 from line 9. This is your adjusted gross income		11	103,966.
Standard Deduction for - • 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 Standard Deduction, see instructions.	12a	Standard deduction or itemized deductions (from Schedule A)		12a	25,100.
	b	Charitable contributions if you take the standard deduction (see instructions)		12b	600.
	c	Add lines 12a and 12b		12c	25,700.
	13	Qualified business income deduction from Form 8995 or Form 8995-A		13	
	14	Add lines 12c and 13		14	25,700.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	78,266.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2021)

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	8,995.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,995.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,995.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	8,995.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	17,251.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	17,251.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) NO	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See Instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	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	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	6,400.
33	Add lines 25d, 26, and 32. These are your total payments	33	23,651.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	14,656.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	14,656.
b	Routing number 122105278	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 5732510507		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	0.
38	Estimated tax penalty (see instructions)	38	

RefundDirect deposit?
See instructions.**Amount You Owe****Third Party Designee**

Do you want to allow another person to discuss this return with the IRS?

See instructions ☒ **Yes.** Complete below. ☐ **No**Designee's
name ▶ **Abbas Saeedi**Phone
no. ▶ **510-713-0829**Personal identification
number (PIN) ▶ **51049****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. **(530) 551-6669**

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

Abbas Saeedi**Abbas Saeedi****02/17/2022****P00371559**☐ Self-employedFirm's name ▶ **United Tax**Phone no. **(510) 713-0829**Firm's address ▶ **5869 Jarvis Ave, Newark, CA, 94560**Firm's EIN ▶ **46-3872139**Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2021)

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SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

SANTHOSH KUMAR POTURAJU and SWETHA MARTHI

Your social security number
205-41-8573

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ► _____		
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	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
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	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ► _____	8z	
	Worksheet attached		79.
9	Total other income. Add lines 8a through 8z	9	79.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	79.

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

Schedule 1 (Form 1040) 2021

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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	
19a	Alimony paid	19a	
b	Recipient's SSN. ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions) 24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c		
d	Reforestation amortization and expenses 24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974. 24e		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 24h		
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 24i		
j	Housing deduction from Form 2555 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). 24k		
z	Other adjustments. List type and amount ▶ _____ 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	0.

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **08**

Name(s) shown on return

SANTHOSH KUMAR POTURAJU and SWETHA MARTHI

Your social security number

205-41-8573

Part I

Interest

(See instructions
and the
Instructions for
Form 1040, line
2b.)

Note: If you
received a Form
1099-INT, Form
1099-OID, or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

APEX CLEARING

Amount

13.

1

- 2** Add the amounts on line 1

2

13.

- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

3

- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b. ►

4

13.

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

Ordinary Dividends

(See instructions
and the
Instructions for
Form 1040, line
3b.)

Note: If you
received a Form
1099-DIV or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5** List name of payer ► **APEX CLEARING**

Amount

11.

5

- 6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b. ►

6

11.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign Accounts and Trusts

Caution: If
required, failure
to file FinCEN
Form 114 may
result in substantial
penalties. See
instructions.

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a** At any time during 2021, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

Yes No

X

- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

X

- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8** During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

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

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Schedule B (Form 1040) 2021

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

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

- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2021Attachment
Sequence No. **12**

Name(s) shown on return

SANTHOSH KUMAR POTURAJU and SWETHA MARTHI

Your social security number

205-41-8573Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	18,678.	16,686.	2.	1,994.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.			6 ()	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2			7	1,994.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	3.	3.		
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14 ()	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2			15	0.

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

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Schedule D (Form 1040) 2021

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	1,994.
<ul style="list-style-type: none"> ● If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. ● If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. ● If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	0.
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	0.
20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> ● The loss on line 16; or ● (\$3,000), or if married filing separately, (\$1,500) <div style="font-size: 3em; margin: 0 10px;">}</div> <div style="border-bottom: 1px dotted black; flex-grow: 1;"></div> </div> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

Name(s) shown on return

SANTHOSH KUMAR POTURAJU and SWETHA MARTHI

Social security number or taxpayer identification number

205-41-8573

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

Part I

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES SHORT TERM	Various	12/31/2021	2,951.	2,635.			316.
	APEX CRYPTO SHORT TERM	Various	12/31/2021	253.	253.			
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				3,204.	2,888.			316.

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

Sales and Other Dispositions of Capital Assets► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

Name(s) shown on return

SANTHOSH KUMAR POTURAJU and SWETHA MARTHI

Social security number or taxpayer identification number

205-41-8573

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

Part I

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	APEX CLEARING SHORT TERM	Various	12/31/2021	15,474.	13,798.	W	2.	1,678.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				15,474.	13,798.		2.	1,678.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1.

Social security number or taxpayer identification number

SANTHOSH KUMAR POTURAJU and SWETHA MARTHI**205-41-8573**

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	APEX CLEARING LONG TERM	Various	12/31/2021	3.	3.			
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				3.	3.			

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

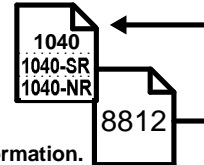
SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

**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**

Name(s) shown on return

Your social security number

SANTHOSH KUMAR POTURAJU and SWETHA MARTHI

205-41-8573

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	103,966.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	103,966.
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	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	
11	Multiply line 10 by 5% (0.05)	11	
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	
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	
d	Enter the smaller of line 14a or line 14c	14d	
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	
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	
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.

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

UYA

Schedule 8812 (Form 1040) 2021

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 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.	15b	
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: <u>0</u> 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	0
31	Enter the smaller of line 4a or line 30	31	0
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	0
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	

Health Savings Accounts (HSAs)Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.**2021**
Attachment
Sequence No. **52**

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

SANTHOSH KUMAR POTURAJUSocial security number of HSA
beneficiary. If both spouses
have HSAs, see instructions ▶ **205-41-8573****Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions	▶	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others , see the instructions for the amount to enter.	3	7,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs.	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	7,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter.	6	7,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7.	8	7,200.
9	Employer contributions made to your HSAs for 2021	9	2,500.
10	Qualified HSA funding distributions.	10	
11	Add lines 9 and 10	11	2,500.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	4,700.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	
Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	2,000.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	2,000.
15	Qualified medical expenses paid using HSA distributions (see instructions).	15	2,000.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e.	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c.	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d.	21	

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

Form **8889** (2021)

UYA

Form **8867**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service**Paid Preparer's Due Diligence Checklist**

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
► Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

SANTHOSH KUMAR POTURAJU and SWETHA MARTHI

Enter preparer's name and PTIN

Taxpayer identification number

205-41-8573**Abbas Saeedi P00371559****Part I Due Diligence Requirements**Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. ● Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. ● Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.
UYAForm **8867** (Rev. 12-2021)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9 a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification**► You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or, HOH filing status and to figure the amount(s) of the credit(s).

► If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input type="checkbox"/>	<input type="checkbox"/>

2021 Other Income - Supporting Details for Schedule 1 (Form 1040), Line 8

Name(s) shown on Form 1040 SANTHOSH KUMAR POTURAJU and SWETHA MARTHI	Your social security number 205-41-8573
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Supporting Details for Schedule 1 (Form 1040), Lines 8a - 8p

	SANTHOSH KUMAR	SWETHA
Net Operating Loss carry forward from 2020		
Gambling Winnings reported on Form W-2G		
Other winnings where a Form W-2G not received		
Cancellation of a nonbusiness debt, Form 1099-C		
Cancellation of a business debt, Partnership Sch K-1		
Foreign earned income exclusion from Form 2555		
HSA distributions and excess contributions, Form 8889		
MSA Distributions, Form 8853		
Alaska Permanent Fund dividends		
Jury Pay		
Prizes and awards		
Activity not engaged in for profit income (Hobby)		
Stock options		
Income from personal property rental		
Olympic and Paralympic medals and USOC prize money		
Section 951(a) inclusion		
Section 951A(a) inclusion		
Section 461(l) excess business loss adjustments		
Taxable distributions from ABLE accounts, Form 1099-QA		

Supporting Details for Schedule 1 (Form 1040), Line 8z

	SANTHOSH KUMAR	SWETHA
Other Income from Schedule K-1		
Child's income amount from Form 8814, line 12		
Medicare Advantage MSA Distributions, Form 8853		
Long-term Care Distribution, Form 8853		
Form 1099-MISC, Boxes 3 and 8	79.	
Coverdell ESA or Qualified Tuition Program		
Reemployment trade adjustment assistance (RTAA)		
Recapture of prior year tuition and fees deduction		
Recapture of charitable contribution deduction of a fractional interest in tangible personal property		
Recapture of charitable contribution deduction if no exempt use		
Income or loss, Form 8621		
Loss on excess deferral distribution		
Disaster relief payments		
Medicaid waiver payments to care provider (NOTICE 2014-07)		
Credit adjustment from regular income, Form 6478 and Form 8864		
Indian gaming proceeds (from 1099-MISC)		
Indian tribal distrib (from 1099-MISC)		
Native American distrib (from 1099-MISC)		
Airline Payments. If rolled over to traditional IRA, enter amount up to 90% as a negative number		
Foreign currency transaction electing section 988 treatment as ordinary income (Form 1099-B)		
Section 965(n) election - reduction of NOL		
Credits for sick and family leave wages (Schedule H)		
Total other income for Schedule 1, line 8z	79.	

Arizona Electronic Filing Instructions

These instructions are provided to help you understand and complete the final steps for successfully electronically filing this Arizona return. We highly recommend that you print these instructions for your reference.

You are responsible for confirming the status of your electronically filed return.

You can confirm the status of this return by going to <https://www.taxact.com/ef/efile-center>. You will need to enter the Primary Social Security Number, your last name and zip code on the return along with the anticipated federal refund amount or the amount owed.

You can also check the status of your client's returns by clicking the Refresh button in the Professional Reports.

When your return has been accepted by the Arizona Department of Revenue, you will receive a Submission ID Number. Keep a copy of this number for your records.

Keep the following attachments with a copy of your Arizona tax return:

- Form W-2
- Form W-2G
- Form 1099-DIV
- Form 1099-G
- Form 1099-R
- Form 1099-MISC
- Form 1099-NEC

You should retain a copy of your signed Arizona tax return, wage and tax statements, accompanying forms and schedules for a period of four years after the return is filed.

Do not mail your tax return to the Arizona Department of Revenue, the department will request information from you if it is needed in the future.

You have elected to receive your refund of \$642 via direct deposit.

Refund Status

You can use the Arizona Department of Revenue automated telephone inquiry system available anytime to check on your Income Tax return processing or refund status. Call (602)255-3381 (Phoenix) or 1-800-352-4090 (toll-free statewide). To assist taxpayers and tax professionals expecting refunds, ADOR encourages tax professionals and taxpayers to use the Wheres My Refund tool located here:

<https://aztaxes.gov/Home/CheckRefund>

Refund Lookup Tool: <https://aztaxes.gov/Home/CheckRefund>

Refund Info page:

<https://azdor.gov/individual-income-tax-filing-assistance/wheres-my-refund>

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Place any required federal and AZ schedules or other documents after Form 140.

82F <input type="checkbox"/> Check box 82F if filing under extension OR FISCAL YEAR BEGINNING		AND ENDING		66F		
Your First Name and Middle Initial 1 SANTHOSH KUMAR		Last Name POTURAJU		Your Social Security Number 205-41-8573		
Spouse's First Name and Middle Initial (if box 4 or 6 checked) 1 SWETHA		Last Name MARTHI		Spouse's Social Security No. 974-96-1924		
Current Home Address - number and street, rural route 2 2929 WEST YORKSHIRE DR		Apt. No. 1040		Daytime Phone (with area code) 94 530-551-6669		
City, Town or Post Office 3 PHOENIX		State AZ		ZIP Code 85027		
Last Names Used in Last Four Prior Year(s) (if different) 97						
FILING STATUS 4 <input checked="" type="checkbox"/> Married filing joint return 5 <input type="checkbox"/> Head of household. Enter name of qualifying child or dependent on next line: 6 <input type="checkbox"/> Married filing separate return. Enter spouse's name and Social Security Number above. 7 <input type="checkbox"/> Single		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88				
▼ Enter the number claimed. Do not put a check mark. 8 0 Age 65 or over (you and/or spouse) 9 0 Blind (you and/or spouse) 10a 1 Dependents: Under age of 17. 11a 0 Qualifying parents and grandparents		If completing lines 8, 9, and 11a, also complete lines 38, 39, and 41. For lines 10a and 10b, also complete line 49. 81 PM 80 RCVD				
10b 0 Dependents: Age 17 and over.						
(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box <input type="checkbox"/> and complete page 4, Part 1.						
(a) FIRST AND LAST NAME (Do not list yourself or spouse.)		(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021	(e) Dependent Age included in: 1 (Box 10a) 2 (Box 10b)	(f) Check if you did not claim this person on your federal return due to educational credits
10c SHARVIL POTURAJU		064-37-6619	Son	12	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
10d					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
10e					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box <input type="checkbox"/> and complete page 4, Part 2.						
(a) FIRST AND LAST NAME (Do not list yourself or spouse.)		(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021	(e) CHECK IF AGE 65 OR OVER	(f) CHECK IF DIED IN 2021
11b					<input type="checkbox"/>	<input type="checkbox"/>
11c					<input type="checkbox"/>	<input type="checkbox"/>
12 Federal adjusted gross income (from your federal return)		12		103,966		00
13 Small Business Income: 13S <input type="checkbox"/> check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10		13				00
14 Modified federal adjusted gross income. Subtract line 13 from line 12		14		103,966		00
15 Non-Arizona municipal interest		15				00
16 Partnership Income adjustment. See instructions		16				00
17 Total federal depreciation		17				00
18 Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5		18				00
19 Subtotal: Add lines 14 through 18 and enter the total		19		103,966		00
20 Total net capital gain or (loss). See instructions		20		1,994		00
21 Total net short-term capital gain or (loss). See instructions		21		1,994		00
22 Total net long-term capital gain or (loss). See instructions		22				00
23 Net long-term capital gain from assets acquired after December 31, 2011. See instructions.		23				00
24 Multiply line 23 by 25% (.25) and enter the result		24				00
This box may be blank or may contain a printed barcode of data from your return.		25 Net capital gain - qualified small business		25		
		26 Recalculated Arizona depreciation		26		00
		27 Partnership Income adjustment		27		00
		28 Interest on U.S. obligations		28		00
		29a Exclusion for fed., AZ state or local govt. pensions.		29a		00
		29b Exclusion for retired/retainer pay uniform services.		29b		00
		30 U.S. Social Security or Railroad Retirement Act		30		00
		31 Certain wages of American Indians		31		00
		32 Pay received for being an active service member.		32		00
		33 Net operating loss adjustment		33		00
		34 Contributions: 34a 529 plans		00		
		34b 529A (ABLE)		00		
		add 34a and 34b.		34c		00

Your Name (as shown on page 1) SANTHOSH KUMAR POTURAJU and SWETHA MARTHI		Your Social Security Number 205-41-8573	
Exemptions	35 Subtract lines 24 through 34c from line 19.	35	103,96600
	36 Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.	36	00
	37 Subtract line 36 from line 35. Enter the difference	37	103,96600
	38 Age 65 or over: Multiply the number in box 8 by \$2,100.	38	00
	39 Blind: Multiply the number in box 9 by \$1,500.	39	00
Balance of Tax	40 Other Exemptions. See instructions . . . 40E <input type="text"/> Multiply the number in box 40E by \$2,300.	40	00
	41 Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	41	00
	42 Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"	42	103,96600
	43 Deductions: Check box and enter amount. See instructions 43I <input type="checkbox"/> ITEMIZED 43S <input checked="" type="checkbox"/> STANDARD	43	25,10000
	44 If you checked box 43S and claim charitable contributions, check 44C <input checked="" type="checkbox"/> Complete page 3. See instructions	44	27900
Total Payments and Refundable Credits	45 Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	45	78,58700
	46a Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables	46a	2,20700
	46b If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcharge. Enter the amount	46b	00
	47 Tax from recapture of credits from Arizona Form 301, Part 2, line 30	47	00
	48 Subtotal of tax: Add lines 46a, 46b and 47. Enter the total	48	2,20700
Tax Due or Overpayment	49 Dependent Tax Credit. See instructions	49	10000
	50 Family income tax credit (from the worksheet - see instructions)	50	00
	51 Nonrefundable Credits from Arizona Form 301, Part 2, line 61	51	00
	52 Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0".	52	2,10700
	53 2021 AZ income tax withheld	53	2,74900
Voluntary Gifts	54 2021 AZ estimated tax payments 54a <input type="text"/> 00 Claim of Right 54b <input type="text"/> 00 Add 54a and 54b 64c	54	00
	55 2021 AZ extension payment (Form 204).	55	00
	56 Increased Excise Tax Credit (from the worksheet - see instructions)	56	00
	57 Property Tax Credit from Arizona Form 140PTC.	57	00
	58 Other refundable credits: Check the box(es) and enter the total amount. 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 349	58	000
Penalty	59 Total payments and refundable credits: Add lines 53 through 58. Enter the total	59	2,74900
	60 TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63	60	000
	61 OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment	61	64200
	62 Amount of line 61 to be applied to 2022 estimated tax.	62	00
	63 Balance of overpayment: Subtract line 62 from line 61. Enter the difference	63	64200
Refund or Amount Owed	64-74 Voluntary Gifts to: Solutions Teams Assigned to Schools . . . 64 <input type="text"/> 00 Arizona Wildlife . . . 65 <input type="text"/> 00	64	00
	Child Abuse Prevention . . . 66 <input type="text"/> 00 Domestic Violence Services . . . 67 <input type="text"/> 00 Political Gift . . . 68 <input type="text"/> 00	66	00
	Neighbors Helping Neighbors . . . 69 <input type="text"/> 00 Special Olympics 70 <input type="text"/> 00 Veterans' Donations Fund 71 <input type="text"/> 00	69	00
	I Didn't Pay Enough Fund 72 <input type="text"/> 00 Sustainable State Parks and Road Fund 73 <input type="text"/> 00 Spay/Neuter of Animals 74 <input type="text"/> 00	72	00
	75 Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican	75	00
PLEASE SIGN HERE	76 Estimated payment penalty	76	00
	77 771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included	77	00
	78 Add lines 64 through 74 and 76; enter the total.	78	00
	79 REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	79	64200
	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account ; see instructions. 79A <input type="checkbox"/>		
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> 98 C <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings </div> <div> ROUTING NUMBER 122105278 </div> <div> ACCOUNT NUMBER 5732510507 </div> </div>			
80 AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return		80	000
<p>Under penalties of perjury, I declare that I have read this return and any documents with it, 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.</p> <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>YOUR SIGNATURE _____ DATE _____</p> <p>SPOUSE'S SIGNATURE _____ DATE _____</p> <p>Abbas Saeedi 02/17/2022</p> <p>PAID PREPARER'S SIGNATURE DATE</p> <p>5869 Jarvis Ave</p> <p>PAID PREPARER'S STREET ADDRESS</p> <p>Newark CA 94560</p> <p>PAID PREPARER'S CITY STATE ZIP CODE</p> </div> <div style="width:45%;"> <p>Engineer</p> <p>OCCUPATION</p> <p>Homemaker</p> <p>SPOUSE'S OCCUPATION</p> <p>United Tax</p> <p>FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)</p> <p>P00371559</p> <p>PAID PREPARER'S TIN</p> <p>510-713-0829</p> <p>PAID PREPARER'S PHONE NUMBER</p> </div> </div>			

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).

If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Your Name (as shown on page 1)	Your Social Security Number
SANTHOSH KUMAR POTURAJU and SWETHA MARTHI	205-41-8573

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2021 Form 140 - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction on their Arizona tax return may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: You must reduce your contribution amount by the total charitable contributions you made during January 1, 2021 through December 31, 2021 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on 5C.

NOTE 2: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 5C.

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

1C	2021 Gifts by cash or check 1C	615	00
2C	2021 Other than by cash or check 2C	499	00
3C	Carryover from prior year 3C		00
4C	Add lines 1C through 3C and enter the total 4C	1,114	00
5C	Total charitable contributions made in 2021 for which you are claiming a credit under Arizona law for the current (2021) or prior (2020) tax year 5C		00
6C	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0" 6C	1,114	00
7C	Multiply line 6C by 25% (.25) and enter the result 7C	279	00

- Enter the amount shown on line 7C on page 2, line 44.
- Be sure to check box **43S** for Standard Deduction on line 43.
- Check box **44C** for charitable contributions on line 44. If you do not check this box, you may be denied the increased standard deduction.

Your Name (as shown on page 1) SANTHOSH KUMAR POTURAJU and SWETHA MARTHI	Your Social Security Number 205-41-8573
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2021 Form 140 Dependent and Other Exemption Information

Include page 4 with your return if:

- You are listing additional dependents (for box 10a and 10b) from page 1.
- You are listing additional qualifying parents and grandparents (for box 11a) from page 1.
- You are claiming *Other Exemptions* on page 2, line 40.

Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable **Dependent Tax Credit** on page 2, line 49.

NOTE: If you have more than three qualifying dependents, you **must** complete Part 1 and the worksheet in the instructions, to compute your Dependent Tax Credit on line 49.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021	(e) Check Dependent Age included in:		(f) CHECK IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS
					1 (Box 10a)	2 (Box 10b)	
10f					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10g					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10h					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10i					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10j					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10k					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10l					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10m					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10n					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10o					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10p					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 41.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021	(e) CHECK IF AGE 65 OR OVER	(f) CHECK IF DIED IN 2021
11d					<input type="checkbox"/>	<input type="checkbox"/>
11e					<input type="checkbox"/>	<input type="checkbox"/>
11f					<input type="checkbox"/>	<input type="checkbox"/>
11g					<input type="checkbox"/>	<input type="checkbox"/>
11h					<input type="checkbox"/>	<input type="checkbox"/>
11i					<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Other Exemptions

Information used to compute your allowable **Other Exemptions** on page 2, line 40.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) CHECK AGE 65 OR OVER (see instructions)		(d) CHECK STILLBORN CHILD IN 2021
			C1	C2	
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter the total number of individuals listed in Part 3 in box 40E on page 2, line 40.

Your Name (as shown on page 1)	Your Social Security Number
SANTHOSH KUMAR POTURAJU and SWETHA MARTHI	205-41-8573

2021 Form 140 - Other Additions to Arizona Gross Income

Complete and include this schedule with your tax return only if you are making any adjustments increasing your Arizona Gross Income.

Note: If you are making any adjustments reducing your Arizona Gross Income complete page 6.

Other Additions to Arizona Gross Income- Line 18 (see instructions for more information)

A	Married Persons Filing Separate Returns	A	00
B	Arizona Form 141AZ Schedule K-1 - Fiduciary Adjustment	B	00
C	Ordinary Income Portion of Lump-Sum Distributions Excluded on Your Federal Return	C	00
D	Items Previously Deducted for Arizona Purposes	D	00
E	Claim of Right Adjustment for Amounts Repaid in 2021	E	00
F(a)	Claim of Right Adjustment for Amounts Repaid in Prior Taxable years	F(a)	00
F(b)	Adjustment for Net Operating Loss due to Claim of Right	F(b)	00
G	Addition to S Corporation Income Due to Claiming Pass-Through Credit (Forms 312 and 315)	G	00
H	Adjusted Basis in Property for Which You Have Claimed a Credit for Investment in Qualified Small Businesses (Form 338)	H	00
I	Nonqualified Withdrawals from 529 College Savings Plans	I	00
J	Sole Proprietorship Loss of an Arizona Nonprofit Medical Marijuana Dispensary Included in Federal Adjusted Gross Income. Sole Proprietorship loss of an Arizona dual licensee that has not elected to operate on a for profit-basis must also add back the portion of their loss that is from the medical marijuana portion of the business that is included in their federal adjusted gross income.	J	00
K	Federal Net Operating Loss (NOL) Carryforward from Non-Arizona Sources Accrued While a Nonresident	K	00
L	Federal Capital Loss Carryforward Deduction Incurred from Non-Arizona Sources Prior to Arizona Residency	L	00
M	Americans with Disabilities Act - Access Expenditures	M	00
N	Amortization or Depreciation for Child Care Facility before 1990	N	00
O	Net Capital Loss Derived From the Exchange of One Kind of Legal Tender for Another Kind of Legal Tender: See instructions	O	00
P	Other Adjustments Related to Tax Credits. See instructions	P	00
Q	Other Adjustments - see instructions	Q	00
R	Total Other Additions: Add all amounts and enter the total here and on page 1, line 18	R	00

Your Name (as shown on page 1)	Your Social Security Number
SANTHOSH KUMAR POTURAJU and SWETHA MARTHI	205-41-8573

2021 Form 140 - Other Subtractions from Arizona Gross Income

Complete and include this schedule with your tax return only if you are making any adjustments decreasing your Arizona Gross Income.

Note: If you are making any adjustments increasing your Arizona Gross Income complete page 5.

Other Subtractions from Arizona Gross Income - Line 36 (see instructions for more information)

A	Married Persons Filing Separate Returns	A	00
B	Arizona Form 141AZ Schedule K-1 - Fiduciary Adjustment	B	00
C	Federally Taxable Arizona Municipal Interest as Evidenced by Bonds	C	00
D	Adoption Expense	D	00
E	Qualified Wood Stove, Wood Fireplace or Gas-Fired Fireplace	E	00
F	Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	F	00
G	Certain Expenses Not Allowed for Federal Purposes (due to claiming federal tax credits)	G	00
H	Qualified State Tuition Distributions	H	00
I	Installment Sale Income from Another State Taxed by the Other State In a Prior Taxable Year	I	00
J	Agricultural Crops Given to Arizona Charitable Organizations	J	00
K	Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	K	00
L	Sole Proprietorship Income of an Arizona Nonprofit Medical Marijuana Dispensary Included in Federal Adjusted Gross Income. In addition, Sole Proprietorship income of an Arizona dual licensee that has not elected to operate on a for-profit basis may subtract the portion of their federal taxable income that is from the medical marijuana portion of the business	L	00
M	Long-Term Care Insurance Premiums	M	00
N	Americans with Disabilities Act – Access Expenditures	N	00
O	Exploration Expenses Deferred before January 1, 1990	O	00
P	Sole Proprietorship of an Arizona Marijuana Establishment, Marijuana Testing Facilities and dual licensees that operate on a for-profit basis: enter the total amount of ordinary and necessary expenses related to the sales of recreational use products reported on Schedule DFE (line 16). An LLC that has elected to be treated as a disregarded entity for federal purposes, and also elected to operate on a for-profit basis may subtract the total amount of ordinary and necessary expenses related to the sales of recreational use products reported on Schedule DFE (line 16)	P	00
Q	S Corporation shareholders of an Arizona Marijuana Establishment, Marijuana Testing Facilities and dual licensees that operate on a for-profit basis: enter the amount of your pro-rata share of ordinary and necessary expenses related to the sales of recreational use products as shown on your 120S Schedule K-1, line 7	Q	00
R	Net Capital Gain Derived From the Exchange of One Kind of Legal Tender for Another Kind of Legal Tender: See instructions	R	00
S	Other Adjustments - see instructions	S	00
T	Total Other Subtractions: Add all amounts and enter the total here and on page 2, line 36	T	00