# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		•		
Taxpayer's name	Social securit	y number		
VINAY REDDY KONDAM	346-15-	-3526		
Spouse's name	Spouse's soci	ial security	number	
VINEELA REDDY NYALAKONDA	670-64-	-3330		
Part I Tax Return Information — Tax Year Ending December 31, 2021 (E	Enter year you a	re authoi	rizing.)	
Enter whole dollars only on lines 1 through 5.				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income		1	116,	311.
2 Total tax		2	11,	567.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	22,	418.
4 Amount you want refunded to you		4	13,	651.
5 Amount you owe		5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	and keep a copy	y of you	r retur	n)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tro send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accour payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terripayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved i taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	ansmitter, or electro or rejection of the trathe U.S. Treasury and tindicated in the tastitution to debit the minate the authorizan requests must be not the processing of the payment. I furti	enic return ansmission its design preparate entry to the ition. To represent the electroner acknowledges and the electroner acknowledges.	originaton, (b) the gnated F ion soft is account or later on control pay wledge	or (ERO) e reason inancial ware for int. This ancel) a than 2 ment of that the
Taxpayer's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or gene	erate my PIN	3   5   2	2 6	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digit n't enter all		ao my
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.				
Your signature ▶ Date	· •			
Spouse's PIN: check one box only				
I authorize GLOBAL TAXES LLC to enter or gene ERO firm name signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN II	Ent dor am now authorizir		s, but zeros	
below.  Spouse's signature ▶ Date	•			
Practitioner PIN Method Returns Only—continue be	elow			
Part III Certification and Authentication — Practitioner PIN Method Only				
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.		8 6 1 er all zeros	9 8	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Provider	submitting this retu	rn in acco	rdanće i	
ERO's signature ▶ Date	•			
ERO Must Retain This Form — See Instruction				

Don't Submit This Form to the IRS Unless Requested To Do So

## **£1040**

Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** 

2021

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single X Married filing jointly under the new son is a child but not your dependent	ame of	ried filing separately f your spouse. If you	` '	_		` ,	_	, ,	` , ` ,
Your first name	and mi	iddle initial	Last n	ame					Your so	cial securi	ty number
VINAY R	EDDY		KON	DAM					346-15-3526		
If joint return, s	pouse's	s first name and middle initial	Last n	ame					Spouse	's social se	curity number
VINEELA	RE	DDY	NYA	LAKONDA					670-	64-333	0
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Apt. no.	Preside	ntial Electi	on Campaign
12300 SINGLETREE LANE 1213 Chec							Check I	nere if you,	or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP	code		0,	ntly, want \$3
EDEN PR	AIRI	E			M	N	55	344		this fund. ow will not	Checking a
Foreign country	y name			Foreign province/state	e/coun	ty	Fore	ign postal code		or refund	
At any time du	ring 20	021, did you receive, sell, exchange,	or oth	erwise dispose of ar	ny fina	ancial interest	in any	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction	_	eone can claim:				•					
Age/Blindness	You:	: Were born before January 2, 1	957	Are blind Sp	ouse	: Was bo	rn be	fore January 2	2, 1957	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	<b>(4) </b> ✓ if q	ualifies fo	r (see instru	uctions):
If more	(1) F	irst name Last name		number		to you	1	Child tax c	redit	Credit for ot	her dependents
than four											
dependents, see instruction											
and check	5 —										
here ▶											
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1	1	24,961.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b	,	
Sch. B if	За	Qualified dividends	3a			Ordinary divide			. 3b	,	
required.	4a	IRA distributions	4a			axable amoun			. 4b	,	
	5a	Pensions and annuities	5a		<b>b</b> T	axable amoun	ıt .		. 5b	,	
Standard	6a	Social security benefits	6a		<b>b</b> T	axable amoun	ıt .		. 6b	,	
Deduction for—	7	Capital gain or (loss). Attach Scheo	dule D	if required. If not rec	uired	l, check here		▶ [			
Single or Married filing	8	Other income from Schedule 1, lin	e 10						. 8		-8,650.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come				▶ 9		16,311.
Married filing	10	Adjustments to income from Sche	dule 1.	line 26					. 10	,	
jointly or Qualifying	11	Subtract line 10 from line 9. This is			me				▶ 11	1	16,311.
widow(er),	12a	Standard deduction or itemized				12	а	25,10	o. 🗔		
\$25,100 • Head of	b	Charitable contributions if you take		,	-		-	· · · · · · · · · · · · · · · · · · ·			
household, \$18,800	С	Add lines 12a and 12b							. 120		25,100.
If you checked	13	Qualified business income deducti			n 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		25,100.
Deduction,	15	Taxable income. Subtract line 14	from li	ine 11. If zero or less	, ente	er -0			. 15		91,211.

	16	Tax (see instructions). Check					-	16	11,567.
	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	11,567.
	19	Nonrefundable child tax cred	lit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	11,567.
	23	Other taxes, including self-er	mployment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is y	your <b>total tax</b>				▶	24	11,567.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 22	2,418.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	22,418.
If you have a	26	2021 estimated tax payment	s and amount a	pplied from 20				26	
qualifying child,	27a	Earned income credit (EIC)				27a			
attach Sch. EIC.		Check here if you were b January 2, 2004, and you taxpayers who are at least ag	satisfy all the ge 18, to claim t	e other requirence of the other requirements	rements for				
	b	Nontaxable combat pay elec							
	С	Prior year (2019) earned inco							
	28	Refundable child tax credit or				28			
	29	American opportunity credit		,		29			
	30	Recovery rebate credit. See					2,800.		
	31	Amount from Schedule 3, line				31			
	32	Add lines 27a and 28 through						32	2,800.
	33	Add lines 25d, 26, and 32. The					▶	33	25,218.
Refund	34	If line 33 is more than line 24				•		34	13,651.
	35a	Amount of line 34 you want r						35a	13,651.
Direct deposit? See instructions.	►b	Routing number       0       2       1       2       0       2       3       3       7       ▶ c Type:       ▼ Checking       □ Savings         Account number       6       2       6       9       7       5       7       2       1							
	►d								
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract				1 1	. ▶	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party Designee	ins	you want to allow another tructions	•			Yes. C	omplete b		<b>⋈</b> No
		signee's ne ▶		Phone no. ▶			onal identif ber (PIN)		
Sign	Und	der penalties of perjury, I declare the ef, they are true, correct, and comp		d this return and		edules and stateme	ents, and to	the bes	
Here	You	ır signature		Date	Your occupation		1		nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	DEVELOPER	(see	inst.) ►	
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupati	ion	1		nt your spouse an ection PIN, enter it here
your records.					HOME MAKER	3	(see	inst.) ►	
	Pho	one no. (219)801-5204	1	Email address	KVINAYREDDY	92@GMAIL.C	MC		
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	06/14/2022	P02082	2703	Self-employed
Use Only		n's name ► GLOBAL TAX					Phor	ie no. (	678)965-9522
————	Firn	n's address ▶ 2530 Pebb]	le Creek L	n Cumming	g GA 30041		Firm	s EIN 🕨	30-1017196
Go to www.irs.go	ov/Form	1040 for instructions and the lates	st information.		BAA	REV 05/18/22 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

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# SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

VINAY REDDY KONDAM & VINEELA REDDY

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

NYALAKONDA

Your social security number 346-15-3526

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxe	s	1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	<b>-</b>		
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, tr Schedule E	•	5	-8,650.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> (	)	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	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		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1			
	1040-NR. line 8		10	_8 650

Schedule 1 (Form 1040) 2021 Page **2** 

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
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	<b>&gt;</b>	_	
С	Date of original divorce or separation agreement (see instructions)	<b>-</b>		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	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	<b>24</b> g		
h	,	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	<b>24i</b>		
j	Housing deduction from Form 2555	<b>24</b> j		
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 <b>adjustments</b> there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

### **SCHEDULE E** (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

## **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment

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

Sequence No. 13

OMB No. 1545-0074

Your social security number Name(s) shown on return VINAY REDDY KONDAM & VINEELA REDDY NYALAKONDA 346-15-3526 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . . Physical address of each property (street, city, state, ZIP code) Α BHAGYANAGAR KARIMNAGAR TELANGANA IN 505001 В C Personal Use 1b Fair Rental Type of Property For each rental real estate property listed QJV above, report the number of fair rental and **Days Days** (from list below) personal use days. Check the **QJV** box only if you meet the requirements to file as a 355 Α Α 0 qualified joint venture. See instructions. В В С C Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 480. 3 4 Royalties received . . . . 4 Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . . . 6 200. Cleaning and maintenance . . . 7 7 600. 8 8 Commissions. . . . . . 9 9 Insurance . . . . . . . . . . . 10 Legal and other professional fees . . . 10 11 11 1,100. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. . . . . . . . . 3,500. 14 Repairs. . . . . . . . 14 15 2,230. 15 Supplies . Taxes . . . . . . 16 16 17 17 1,500. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 9,130. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . 21 -8,650. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 8,650.) 480 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 9,130. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 8,650. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on -8,650. Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2





# **2021 Form M1, Individual Income Tax** Do not use staples on anything you submit.

VINAY REDDY Your First Name and Initial	KONDAM Last Name	346153526 Your Social Security Number	O 8 0 2 1 9 9 2 Your Date of Birth (MM/DD/YYYY
VINEELA REDDY If a Joint Return, Spouse's First Name and Init	NYALAKONDA	670643330 Spouse's Social Security Nur	08261995
12300 SINGLETREE LA	•	Check if Address is:	New Foreign
EDEN PRAIRIE		MN State	55344 ZIP Code
2021 Federal Filing Status (	place an X in one box):		
(1) Single (2) Married Filing Jo	Spouse NameSpouse SSN	(4) Head of House	shold (5) Qualifying Widow(er
Dependent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship to You
Dependent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You
Dependent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You
From Your Federal Return (s 124961 A. Wages, salaries, tips, etc.	0	O Jnemployment [	91211 D. Federal taxable income
	ne (from line 11 of federal Form 1040 and 1		44.6044
2 Additions to income from lin	e 10 of Schedule M1M and line 9 of Schedu	e M1MB (see instructions)	2 🔳
<b>3</b> Add lines 1 and 2			3116311
4 Itemized deductions (from S	chedule M1SA) or your standard deduction	(see instructions)	4 ■25050
5 Exemptions (determine from	instructions)		5 🔳
6 State income tax refund from	n line 1 of federal Schedule 1		6 🔳
7 Subtractions from line 32 of	Schedule M1M and line 22 of Schedule M1N	ЛВ (see instructions)	. 7 🔳
8 Total subtractions. Add lines	4 through 7		825050
9 Minnesota taxable income.	Subtract line 8 from line 3. If zero or less, lea	ve blank	<b>9</b> 91261
10 Tax from the table in the For	m M1 instructions		. 105629

## 2021 M1, page 2



11	Alternative minimum tax (enclose Schedule M1MT)		.11	
12 13	Full-year residents: Enter the amount from line 12 on line 13. Part-year residents and nonresidents: From Schedule M1NR, e	. Skip lines 13a and 13b. enter the amount from line 32 on		<u>5629</u> 5629
	line 13, from line 28 on line 13a, and from line 29 on line 13b	(enclose Schedule M1NR)	13	5029
	13a■0 13b■0	<u>)</u>		
14	Other taxes, such as recapture amounts and the tax on lump-s	sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 ■	
15	Tax before credits. Add lines 13 and 14		15	5629
16	Amount from line 18 of Schedule M1C, Nonrefundable Credits	s (enclose Schedule M1C)	16 ■	
17	Subtract line 16 from line 15 (if result is zero or less, leave blai	nk)	17	5629
18	Nongame Wildlife Fund contribution (see instructions)		40 =	
	This will reduce your refund or increase the amount you owe		18 ■	
19	Add lines 17 and 18		19	5629
20	Minnesota income tax withheld. Complete and enclose Sched			0200
	Minnesota withholding from Forms W-2, 1099, and W-2G (do no	ot send)	20 ■	8398
21	Minnesota estimated tax and extension payments made for 2	021	21 ■	
22	Amount from line 11 of Schedule M1REF, Refundable Credits (	(see instructions; enclose Schedule M1REF)	22 ■	
23	Total payments. Add lines 20 through 22		23	8398
24	$\ensuremath{\mathbf{REFUND}}.$ If line 23 is more than line 19, subtract line 19 from			2769
25	For direct deposit, complete line 25		24 ■	2709
	X Checking Savings 02120233	7 626975721		
	Routing Number	Account Number		
	<b>AMOUNT YOU OWE</b> . If line 19 is more than line 23, subtract li Penalty amount from Schedule M15 (see instructions). Also su		26■	
	this amount from line 24 or add it to line 26 (enclose Schedule		27 ■	
	OU PAY ESTIMATED TAX and want part of your refund credited		20 =	
28	Amount from line 24 you want sent to you		28 ■	
	Amount from line 24 you want applied to your 2022 estimated ayer: I declare that this return is correct and complete to the be		29 ■	
Your	Signature	Spouse's Signature (If Filing Jointly)		e (MM/DD/YYYY)
	98015204	KVINAYREDDY92@GMAIL.COM	Date	e (WIIVI) DDJ TTTTJ
	me Phone	Email Address		
SY.	AM PRIYA RAM SAGAR GUPTA TALLAM	06142022		2082703
	Preparer's Signature 89659522	Date (MM/DD/YYYY)	PTII	N or VITA/TCE # (required)
	rer's Daytime Phone	SYAM@GTAXFILE.COM Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue	to discuss t	his tax return
	Include a conv of your 2021 federal return and schedules	with the preparer or the third-party designee indica		





## 2021 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

VINAY REDDY Your First Name and Initia		KONDAM Last Name		346153526 Your Social Security Number		
VINEELA RED		NYALAKONDA	670643330			
If a Joint Return, Spouse's Fi		Spouse's Last Name		Spouse's Social Security Number		
complete this schedule amounts to the neares W-2G; keep them with	e to determine line 2 st whole dollar. You r i your tax records. Al nd Minnesota tax with	O of Form M1. List only the for nust include this schedule whe I instructions are included on t	hedule KPI, KS, or KF showing Mi ms that report Minnesota incom n you file your return. <b>DO NOT</b> s his schedule. from Forms W-2G. If you have mor	e tax withheld. Round dollar end in your Forms W-2, 1099, o		
A	B—Box 13	C—Box 15	D—Box 16	E—Box 17		
If the Form W-2 is for:	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. (round to nearest whole dollar)	Minnesota tax withheld (round to nearest whole dollar)		
a1 <u>1</u>	b1	c1 MN2385361	d1124961	e18398		
a2	b2	c2 MN	d2	e2		
a3	b3	c3 MN	d3	e3		
a4	b4	c4 MN	d4	e4		
a5	b5	c5 MN	d5	e5		
Total Minnesota tax	withheld on all Forn	ns W-2 (add amounts in line 1, co	olumn E)  ore than four forms, complete line	1■8398		
A	1010 0111 011113 1033, 1	B	C	D D		
If the Form 1099, W-2G • you, enter 1 • spouse, enter 2	, or 1042-S is for:	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the pa	Income amount (see the table on	Minnesota tax withheld (round to nearest whole dollar)		
a1	b	1 MN	c1	d1		
a2	b	2 MN	c2	d2		
a3	b	3 MN	c3	d3		
a4	b	4 MN	c4	d4		
Subtotal for addition	nal 1099, W-2G, and 1	.042-S (from line 6 on page 2)				
Total Minnesota tax	withheld on all 1099	<b>9, W-2G, and 1042-S</b> (add amoun	nts in line 2, column D)	2 🖩		
		ships, S corporations, and fiduci		_		
4 Total. Add the Minn	esota tax withheld or	lines 1, 2, and 3.				

Include this schedule with your Form M1. If required, include Schedules KPI, KS, and KF.

## **£1040**

Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** 

2021

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single X Married filing jointly under the new son is a child but not your dependent	ame of	ried filing separately f your spouse. If you	` '	_		` ,	_	, ,	` , ` ,
Your first name	and mi	iddle initial	Last n	ame					Your so	cial securi	ty number
VINAY R	EDDY		KON	DAM					346-15-3526		
If joint return, s	pouse's	s first name and middle initial	Last n	ame					Spouse	's social se	curity number
VINEELA	RE	DDY	NYA	LAKONDA					670-	64-333	0
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Apt. no.	Preside	ntial Electi	on Campaign
12300 SINGLETREE LANE 1213 Chec							Check I	nere if you,	or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP	code		0,	ntly, want \$3
EDEN PR	AIRI	E			M	N	55	344		this fund. ow will not	Checking a
Foreign country	y name			Foreign province/state	e/coun	ty	Fore	ign postal code		or refund	
At any time du	ring 20	021, did you receive, sell, exchange,	or oth	erwise dispose of ar	ny fina	ancial interest	in any	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction	_	eone can claim:				•					
Age/Blindness	You:	: Were born before January 2, 1	957	Are blind Sp	ouse	: Was bo	rn be	fore January 2	2, 1957	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	<b>(4) </b> ✓ if q	ualifies fo	r (see instru	uctions):
If more	(1) F	irst name Last name		number		to you	1	Child tax c	redit	Credit for ot	her dependents
than four											
dependents, see instruction											
and check	5 —										
here ▶											
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1	1	24,961.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b	,	
Sch. B if	За	Qualified dividends	3a			Ordinary divide			. 3b	,	
required.	4a	IRA distributions	4a			axable amoun			. 4b	,	
	5a	Pensions and annuities	5a		<b>b</b> T	axable amoun	ıt .		. 5b	,	
Standard	6a	Social security benefits	6a		<b>b</b> T	axable amoun	ıt .		. 6b	,	
Deduction for—	7	Capital gain or (loss). Attach Scheo	dule D	if required. If not rec	uired	l, check here		▶ [			
Single or Married filing	8	Other income from Schedule 1, lin	e 10						. 8		-8,650.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come				▶ 9		16,311.
Married filing	10	Adjustments to income from Sche	dule 1.	line 26					. 10	,	
jointly or Qualifying	11	Subtract line 10 from line 9. This is			me				▶ 11	1	16,311.
widow(er),	12a	Standard deduction or itemized				12	а	25,10	o. 🗔		
\$25,100 • Head of	b	Charitable contributions if you take		,	-		-	· · · · · · · · · · · · · · · · · · ·			
household, \$18,800	С	Add lines 12a and 12b							. 120		25,100.
If you checked	13	Qualified business income deducti			n 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		25,100.
Deduction,	15	Taxable income. Subtract line 14	from li	ine 11. If zero or less	, ente	er -0			. 15		91,211.

	16	Tax (see instructions). Check					-	16	11,567.
	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	11,567.
	19	Nonrefundable child tax cred	lit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	11,567.
	23	Other taxes, including self-er	mployment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is y	your <b>total tax</b>				▶	24	11,567.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 22	2,418.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	22,418.
If you have a	26	2021 estimated tax payment	s and amount a	pplied from 20				26	
qualifying child,	27a	Earned income credit (EIC)				27a			
attach Sch. EIC.		Check here if you were b January 2, 2004, and you taxpayers who are at least ag	satisfy all the ge 18, to claim t	e other requirence of the other requirements	rements for				
	b	Nontaxable combat pay elec							
	С	Prior year (2019) earned inco							
	28	Refundable child tax credit or				28			
	29	American opportunity credit		,		29			
	30	Recovery rebate credit. See					2,800.		
	31	Amount from Schedule 3, line				31			
	32	Add lines 27a and 28 through						32	2,800.
	33	Add lines 25d, 26, and 32. The					▶	33	25,218.
Refund	34	If line 33 is more than line 24				•		34	13,651.
	35a	Amount of line 34 you want r						35a	13,651.
Direct deposit? See instructions.	►b	Routing number       0       2       1       2       0       2       3       3       7       ▶ c Type:       ▼ Checking       □ Savings         Account number       6       2       6       9       7       5       7       2       1							
	►d								
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract				1 1	. ▶	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party Designee	ins	you want to allow another tructions	•			Yes. C	omplete b		<b>⋈</b> No
		signee's ne ▶		Phone no. ▶			onal identif ber (PIN)		
Sign	Und	der penalties of perjury, I declare the ef, they are true, correct, and comp		d this return and		edules and stateme	ents, and to	the bes	
Here	You	ır signature		Date	Your occupation		1		nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	DEVELOPER	(see	inst.) ►	
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupati	ion	1		nt your spouse an ection PIN, enter it here
your records.					HOME MAKER	3	(see	inst.) ►	
	Pho	one no. (219)801-5204	1	Email address	KVINAYREDDY	92@GMAIL.C	MC		
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	06/14/2022	P02082	2703	Self-employed
Use Only		n's name ► GLOBAL TAX					Phor	ie no. (	678)965-9522
————	Firn	n's address ▶ 2530 Pebb]	le Creek L	n Cumming	g GA 30041		Firm	s EIN 🕨	30-1017196
Go to www.irs.go	ov/Form	1040 for instructions and the lates	st information.		BAA	REV 05/18/22 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

Page **2** 

# SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

VINAY REDDY KONDAM & VINEELA REDDY

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

NYALAKONDA

Your social security number 346-15-3526

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxe	s	1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	<b>-</b>		
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, tr Schedule E	•	5	-8,650.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> (	)	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	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		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1			
	1040-NR. line 8		10	_8 650

Schedule 1 (Form 1040) 2021 Page **2** 

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
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	<b>&gt;</b>	_	
С	Date of original divorce or separation agreement (see instructions)	<b>-</b>		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	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	<b>24</b> g		
h	,	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	<b>24i</b>		
j	Housing deduction from Form 2555	<b>24</b> j		
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 <b>adjustments</b> there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

### **SCHEDULE E** (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

## **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment

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

Sequence No. 13

OMB No. 1545-0074

Your social security number Name(s) shown on return VINAY REDDY KONDAM & VINEELA REDDY NYALAKONDA 346-15-3526 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . . Physical address of each property (street, city, state, ZIP code) Α BHAGYANAGAR KARIMNAGAR TELANGANA IN 505001 В C Personal Use 1b Fair Rental Type of Property For each rental real estate property listed QJV above, report the number of fair rental and **Days Days** (from list below) personal use days. Check the **QJV** box only if you meet the requirements to file as a 355 Α Α 0 qualified joint venture. See instructions. В В С C Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 480. 3 4 Royalties received . . . . 4 Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . . . 6 200. Cleaning and maintenance . . . 7 7 600. 8 8 Commissions. . . . . . 9 9 Insurance . . . . . . . . . . . 10 Legal and other professional fees . . . 10 11 11 1,100. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. . . . . . . . . 3,500. 14 Repairs. . . . . . . . 14 15 2,230. 15 Supplies . Taxes . . . . . . 16 16 17 17 1,500. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 9,130. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . 21 -8,650. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 8,650.) 480 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 9,130. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 8,650. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on -8,650. Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2