Department of the Treasury Internal Revenue Service

Calendar Year — Due **04/18/2022**

2 2022 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order......

З97.

REV 03/12/22 PRO 1555

D27-93-2749 SRINADH REDDY CHITUKULA

370 OAKLEY DR APT און NASHVILLE TN און

Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/15/2022**

2 2022 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

З97.

REV 03/12/22 PRO 1555

D27-93-2749 SRINADH REDDY CHITUKULA

370 OAKLEY DR APT אם NASHVILLE TN אועד אב

Department of the Treasury Internal Revenue Service

Calendar Year — Due **09/15/2022**

2 2022 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

З97.

REV 03/12/22 PRO 1555

D27-93-2749 SRINADH REDDY CHITUKULA

370 OAKLEY DR APT אם NASHVILLE TN אועד אב

Department of the Treasury Internal Revenue Service

Calendar Year — Due **01/17/2023**

3 2022 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

ł	Amount of estimated tax you are paying by check or money order	

З97.

REV 03/12/22 PRO 1555

3,

D27-93-2749 SRINADH REDDY CHITUKULA

370 OAKLEY DR APT און NASHVILLE TN און

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.

Type v

as my

as my

Submission Identification Number (SID)

,						
Taxpayer's name	Social security	number				
SRINADH REDDY CHITUKULA	027-93-2749					
Spouse's name	Spouse's social	I security number				
Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter	year you are	e authorizing.)				
Enter whole dollars only on lines 1 through 5.						
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 Adjusted gross income	[1 95,169.				
2 Total tax		2 13,860.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 12,275.				
4 Amount you want refunded to you		4				
5 Amount you owe		5 1,585.				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and A	сеер а сору	of your return)				
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended, my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmeto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection and delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indipayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution active payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation require business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I an Electronic Funds Withdrawal Consent.	e are the amou itter, or electron action of the trar S. Treasury and cated in the tax on to debit the e the authorizati justs must be r processing of the ayment. I furthe	Ints from the income tax ic return originator (ERO) ismission, (b) the reason d its designated Financial preparation software for ntry to this account. This on. To revoke (cancel) a received no later than 2 he electronic payment of er acknowledge that the				
Taxpayer's PIN: check one box only						
	3	2 7 4 9				

	GLOBAL TAXES LLC	to enter or generate my PIN	327	4 9		
r authorize	ERO firm name		Enter five digits, bu don't enter all zeros			

	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 am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date 🕨

Enter five digits, but don't enter all zeros

03/17/2022

signature on the income tax return (original or amended) I am now authorizing.

SRINADH REDDY CHITUKULA

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's s	ignature 🕨 Di	ate 🕨										
	Practitioner PIN Method Returns Only—continue	bel	ow									
Part III	Certification and Authentication – Practitioner PIN Method Only											
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7			-			9	8	9
					Don	ı't eı	nter a	all ze	ros			

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature	Date ►
	in This Form — See Instructions In to the IRS Unless Requested To Do So
FreeDown and Dark offer Ast Notice and a state of the	

Form 1040-V 2021

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2021

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

SRINADH REDDY

370 OAKLEY DR 711

NASHVILLE TN 37211

2021

Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

(99)

CHITUKULA

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . 1555

1,585.

REV 03/12/22 PRO

INTERNAL REVENUE SERVICE P.O. BOX 1214

CHARLOTTE, NC 28201-1214

051435148 2C CHIL 30 0 505175 PT0

104		artment of the Treasury—Internal Revenue Serv 5. Individual Income Ta 2		(99) urn	202	21	OMB No.	1545-0	0074 IRS U	Jse Only	y—Do not y	write or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly u checked the MFS box, enter the n on is a child but not your dependen	name of	-	separately ouse. If you	. ,				,		, ,	dow(er) (QW) he qualifying
Your first name	e and mi	ddle initial	Last na	me							Your s	ocial securi	ity number
SRINADH	RED	DY	CHIT	UKULA	/						027-	93-274	: 9
If joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	e's social se	curity number
Home address 370 OAK		er and street). If you have a P.O. box, see DR	instructi	ons.					Apt. no. 711		Check	here if you	
City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete s	paces be	low.	Sta	te		ZIP code				ntly, want \$3 Checking a
NASHVIL	LE					TI	N		37211		- U	low will not	0
Foreign countr	y name			Foreign p	rovince/stat	e/coun	ty		Foreign posta	al code	your ta	x or refund	l.
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	rwise di	spose of a	ny fina	ancial inter	est in	n any virtua	l curre	ency?	X Yes	No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you	i were a		s alien	1						
Age/Blindnes	s You:	Were born before January 2, 1	957	_ Are bl	lind S	pouse	e: 🔄 Was	s borr	n before Jai		-	ls b	
Dependent	•			(2) 5	Social secur	ity	(3) Relati					or (see instru	,
If more	(1) Fi	rst name Last name			number		to you		Child tax cred		redit	Credit for o	ther dependents
than four dependents,													<u> </u>
see instruction	s —												
and check here ►										<u> </u>			
	-	Manage polarias ting at Attack		N 0									
Attach	1	Wages, salaries, tips, etc. Attach F		W-2 .	· · ·	· ·	· · · ·	•		• •	. 1		81,957.
Sch. B if	2a	'	2a				axable inte			• •	. 2	-	
required.	3a		3a				Ordinary div			• •	. 3		
	/ 4a		4a 5a				b Taxable amount b Taxable amount			•••	. 41 . 51	-	
	5a		5a 6a				axable am axable am			•••		-	
Standard Deduction for —	6a 7	Social security benefits			d If pat ra					· ·	. 61		61,972.
Single or	8	Other income from Schedule 1. lin									. 8		48,760.
Married filing separately,	9	,						•		•••	. <u> </u>		95,169.
separately, \$12,550 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						•••			<u> </u>				
jointly or	11	Subtract line 10 from line 9. This is						•		•••	· <u> </u>		95,169.
Qualifying widow(er),	12a	Standard deduction or itemized		-	•			12a	12				<u></u>
\$25,100 " • Head of	b	Charitable contributions if you take				,	· ·	12b		30			
household,	c	•					,					20	12,850.
\$18,800 If you checked	13	Qualified business income deduct											<u></u> ,000.
any box under Standard	14												12,850.
Deduction,	15	Taxable income. Subtract line 14											82,319.
see instructions.)			_			-						,

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

Form **1040** (2021)

Form 1040 (2021	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	13,860.
	17	Amount from Schedule 2, lin	e3					17	0.
	18	Add lines 16 and 17						18	13,860.
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Schedule	e 8812		19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,860.
	23	Other taxes, including self-en	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	13,860.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 12	,275.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	12,275.
If you have a	26	2021 estimated tax payment	s and amount a	pplied from 20	20 return			26	
qualifying child,	27a	Earned income credit (EIC)				27a			
attach Sch. EIC.		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	I I					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or			Schedule 8812	28			
	20 29	American opportunity credit				29		-	
	30	Recovery rebate credit. See				30		-	
	31	Amount from Schedule 3, lin				31		-	
	32	Add lines 27a and 28 throug					its 🕨	32	
	33	Add lines 25d, 26, and 32. The						33	12,275.
	34	If line 33 is more than line 24						34	12,270.
Refund	35a					•		35a	
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . . ▶ Routing number X <td< td=""><td></td></td<>							
See instructions.									
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract						37	1,585.
You Owe	38	Estimated tax penalty (see in				38	. •	57	1,000.
Third Party		you want to allow another	,						
Designee		structions				. 🕨 🗌 Yes. Co	mplete	below.	× No
Decignee		signee's		Phone			nal identi		
		ne 🕨		no. 🕨			er (PIN)		
Sign		der penalties of perjury, I declare t							
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe		ased on all informatio			, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
laint vatura 0					SOFTWARE I	FNCINFFP		inst.) 🕨	
Joint return? See instructions.	Sp	ouse's signature. If a joint return, k	oth must sign	Date	Spouse's occupat		· ·	,	nt your spouse an
Keep a copy for	opodoo o olgitataro. Il a joint rotarii, boar inc			Dato					ection PIN, enter it here
your records.							(see	inst.) 🕨	
	Ph	one no. (848) 666-2693	3	Email address	SRINADHREDI	DY33@GMAIL.CO	М		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/18/2022	P0208	2703	Self-employed
Preparer Use Only	Fin	m's name ► GLOBAL TAX	KES LLC				Pho	ne no. (678)965-9522
	Fin	m's address ► 2530 Pebbl	le Creek L	n Cummin	g GA 30041		Firm	i's EIN 🕨	30-1017196
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 03/12/22 PRO			Form 1040 (2021)

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. ation. OMB No. 1545-0074 20 21 Attachment ~

► Go to www.irs.gov/Form1040 for instructions and the latest info	orm
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I .		Sequence No. 01
	Your soc	ial security number
	027-93	-2749

Name(s) sho	own on F	orm 1040, ⁻	1040-SR,	or 1040-NR
SRINADH	REDDY	CHITUKU	ILA	

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)			
3	Business income or (loss). Attach Schedule C		3	-48,760.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E		5	0.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
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		
ο	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 10 1040-NR, line 8			
For Pa	1040-NR, line 8		Schedule	-48,760. e 1 (Form 1040) 2021

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basis 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	l
17	Self-employed health insurance deduction	 17	
18	Penalty on early withdrawal of savings	 18	· · · · · · · · · · · · · · · · · · ·
19a	Alimony paid	 19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	 20	· · · · · · · · · · · · · · · · · · ·
21	Student loan interest deduction	 21	
22	Reserved for future use	 22	
23	Archer MSA deduction	 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
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 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
z	Other adjustments. List type and amount ► 24z		
25	Total other adjustments. Add lines 24a through 24z	 25	
26	Add lines 11 through 23 and 25. These are your adjustments to inc here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 03/12/22 PRO

BAA

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074 6 \bigcirc

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

Department of the Treasury Attachment Internal Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Sequence No. 09 Name of proprietor Social security number (SSN) 027 - 93 - 2749SRINADH REDDY CHITUKULA Α Principal business or profession, including product or service (see instructions) B Enter code from instructions ▶ 5 1 9 1 0 0 SOFTWARE ENGINEER С Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) 370 OAKLEY DR, Apt. 711 Е Business address (including suite or room no.) ► City, town or post office, state, and ZIP code NASHVILLE, TN 37211 E Accounting method: (1) 🗙 Cash (2) Accrual (3) Other (specify) ► G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . X Yes No н If you started or acquired this business during 2021, check here Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes X No L J. Yes No Part I Income 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1 2 2 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 5 5 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . 6 . 7 7 Gross income. Add lines 5 and 6 **Part II** Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 8 18 Office expense (see instructions) . 18 19 19 Pension and profit-sharing plans . 9 Car and truck expenses (see 9 20,983. 20 instructions) Rent or lease (see instructions): 10 10 Commissions and fees . Vehicles, machinery, and equipment 20a а 15,000. 11 Contract labor (see instructions) 11 b Other business property . . . 20b 3,470. 12 Depletion 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 24 13 Travel and meals: instructions) . . . 5,047. 14 Employee benefit programs а Travel. . . . 24a (other than on line 19) 14 b Deductible meals (see 15 Insurance (other than health) 15 instructions) 24b 2,400. 25 1,860. 25 16 Interest (see instructions): Utilities 26 Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 а 16b 27a b Other Other expenses (from line 48) . . 27a 17 Legal and professional services 17 b Reserved for future use . . 27b 48,760. 28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a 28 29 29 -48,760. 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 -48,760. If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule 32a X All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not at risk. • If you checked 32b, you must attach Form 6198. Your loss may be limited.

For Paperwork Reduction Act Notice, see the separate instructions.

le C (Form 1040) 2021			Page 2
III Cost of Goods Sold (see instructions)			
Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (att.	ach e×	planation)	
		. 🗌 Yes	🗌 No
Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
Purchases less cost of items withdrawn for personal use	36		
Cost of labor. Do not include any amounts paid to yourself	37		
Materials and supplies	38		
Other costs	39		
Add lines 35 through 39	40		
Inventory at end of year	41		
Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
		e for:	
Business 37,470 b Commuting (see instructions) c 0	Other		2,579
Was your vehicle available for personal use during off-duty hours?		🗙 Yes	🗌 No
Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗙 No
Do you have evidence to support your deduction?		🗌 Yes	🗙 No
If "Yes," is the evidence written?		· · 🗌 Yes	No
V Other Expenses. List below business expenses not included on lines 8–26 or lines	e 30		
Total other expenses. Enter here and on line 27a	40		
	Image: Cost of Goods Sold (see instructions) Method(s) used to value closing inventory: a □ Cost b □ Lower of cost or market c □ Other (atta Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation Inventory at beginning of year. If different from last year's closing inventory, attach explanation . Purchases less cost of items withdrawn for personal use . . Cost of labor. Do not include any amounts paid to yourself . . Materials and supplies . . . Other costs . . . Add lines 35 through 39 . . . Inventory at end of year . . . Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line to Form 4562. When did you place your vehicle in service for business purposes? (month/day/year) . 04/10/201 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle available for personal use during off-duty hours? . Do you (or your spouse) have another vehicle available for personal use? . . Ou you (or your spouse) have	IIII Cost of Goods Sold (see instructions) Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach ex value closing inventory)? If "Yes," attach explanation	IIII Cost of Goods Sold (see instructions) Method(s) used to value cleans (inventory: a □ Cost b □ Lower of cost or market c □ Other (attach explanation) Was there any change in determining quantities, costs, or valuations between opening and closing inventory? I'ves If "Yes," attach explanation

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2021 Attachment Sequence No. 12

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

Department of the Treasury

SRINADH REDDY CHITUKULA

Your social security number

027-93-2749

Did	you dispose of	f any investmer	nt(s) in a qualified	l opportunity f	und during the ta	x year? 🛛 🗋	_ Yes	× No	
If "`	Yes," attach Fo	rm 8949 and se	e its instructions	for additiona	l requirements for	r reporting y	our gain o	or loss.	

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, column	Part I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	5,967,488.	5,992,202.	76,0	55.	51,341.
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	85,446.	74,815.			10,631.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions			-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	61,972.

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

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

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	61,972.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 03/12/22 PRO

Schedule D (Form 1040) 2021

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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

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

2021 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
SRINADH REDDY CHITUKULA	027-93-2749

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Securities LLC	06/05/21	12/12/21	5,967,488.	5,992,202.	W	76 , 055.	51,341.	
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) ►			5,967,488.	5,992,202.		76,055.	51,341.	

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

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

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

12

Attachment

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

s 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

Name(s) shown on return	Social security number of taxpayer identification number
SRINADH REDDY CHITUKULA	027-93-2749

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	ld or Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss . amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Crypto LLC	05/06/21	12/12/21	85,446.	74,815.			10,631.	
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your ne 2 (if Box B	85,446.	74,815.			10,631.	

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.

SCHEDU	LE	Ε
(Form 104	0)	

Supplemental Income and Loss

OMB No. 1545-0074

9 12

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

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

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

	ent of the Treasury Revenue Service (99)	► Attach to Form 104 ► Go to www.irs.gov/ScheduleE f							Attac	hment	,
	shown on return	Co to www.irs.gov/Scheduler		luctions	anu u	le latest	mormation			ence No. 13 ty number)
. ,	ADH REDDY CHITU	11/11T A)3-274	-	
Part		s From Rental Real Estate and Ro	valtio	e Note	. If you	u are in th	o husinoss (
rait		instructions. If you are an individual, rep	-					• •	•		5
		ents in 2021 that would require you to									
		ou file required Form(s) 1099?								_	lo
1a	Physical address of	each property (street, city, state, ZII	· · ·	<u>، ،</u>	• •				•		0
A		, MADHURA NAGAR COLONY N			ARIIN	L SECI	INDERAR	AD TELAN	JGANA	TN 5000	010
B			<u>110111</u>		111(01)	1, 510	<u>JIIDEIIUIDI</u>		1011111	110 0000	<u></u>
С											
1b	Type of Property	2 For each rental real estate pro	nertv l	isted		Fair	Rental	Persona	al Use	0.11/	
	(from list below)	above, report the number of fa personal use days. Check the	ir rent	al and			Days	Day	/S	QJV	
Α	3	it you meet the requirements t	o tile a	is a l	Α		365		0		
В		qualified joint venture. See ins	tructio	ns.	В						
С		-			С						
Туре с	of Property:										
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental				
	i-Family Residence	4 Commercial	6 Rc	yalties		8 Othe	er (describe	e)			
Incom	e:	Properties:			Α			В		С	
3			3			620.					
4			4								
Expen	ses:										
5			5								
6		instructions)	6								
7		nance	7		2	,500.					
8			8								
9			9								
10		essional fees	10								
11			11		1	,650.					
12		id to banks, etc. (see instructions)	12								
13			13								
14			14			,950.					
15			15		1	,370.					
16			16		1	700					
17			17		1	,720.					
18 19	Other (list)	e or depletion	10								
19 20		lines 5 through 19	20		0	,190.					
			20		9	,190.					
21		I line 3 (rents) and/or 4 (royalties). If instructions to find out if you must									
	file Form 6198		21		-8	,570.					
22		I estate loss after limitation, if any,			-	,					
~~		nstructions)	22	(0.)	())
23a		reported on line 3 for all rental prope				23a	x	620.			
b		reported on line 4 for all royalty prop				23b					
С		reported on line 12 for all properties				23c					
d		reported on line 18 for all properties				23d					
е		reported on line 20 for all properties				23e		9,190.			
24		e amounts shown on line 21. Do no		ude any	losses			24			
25	Losses. Add royalty lo	osses from line 21 and rental real estate	e losse	s from li	ne 22.	Enter tota	al losses he	re. 25	(().)
26	Total rental real est	ate and royalty income or (loss).	Comb	ine line	s 24 a	ind 25. E	Enter the re	esult			
-		IV, and line 40 on page 2 do not									
	Schedule 1 (Form 10	40), line 5. Otherwise, include this a	mount	t in the t	otal o	n line 41	on page 2	26			Ο.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Form 8582
Department of the Treasurv

Passive Activity Loss Limitations

► See separate instructions.

► Attach to Form 1040, 1040-SR, or 1041. ▶ Go to www.irs.gov/Form8582 for instructions and the latest information. OMB No. 1545-1008 20 Attachment Sequence No. 858

Identifying number

027-93-2749

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

Part I

SRINADH REDDY CHITUKULA

2021	Passive	Activity Loss	

Caution: Complete Parts IV and V before completing Part I.

	Il Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a)) 1a Activities with net loss (enter the amount from Part IV, column (b)) 1b (Prior years' unallowed losses (enter the amount from Part IV, column (c)) 1c (Combine lines 1a, 1b, and 1c 	1d	
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a))2a0.Activities with net loss (enter the amount from Part V, column (b))2b(-8,570.)Prior years' unallowed losses (enter the amount from Part V, column (c))2c(Combine lines 2a, 2b, and 2c	2d	-8,570.
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-8,570.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation		
 Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
4 Enter the smaller of the loss on line 1d or the loss on line 3	4	
5 Enter \$150,000. If married filing separately, see instructions 5		
6 Enter modified adjusted gross income, but not less than zero. See instructions 6		
Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.		
7 Subtract line 6 from line 5		
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instruction	is 8	
9 Enter the smaller of line 4 or line 8	9	0.
Part III Total Losses Allowed		
10 Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11 Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to fin	d	
out how to report the losses on your tax return	11	0.
Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.		

	Currer	nt year	Prior years	Overall gain or loss			
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss		
Total. Enter on Part I, lines 1a, 1b, and 1c ►							
For Paperwork Reduction Act Notice, see instru	ictions.		DEV/ 03/11		Form 8582 (2021)		

BAA

03/12/22 PRC

Form 8582 (202	•									Page 2
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	See instruc	ctions.			
	Nome of estivity		Currer	nt year		Prior ye	ears	Overa	ll ga	ain or loss
	Name of activity	(a	I) Net income (line 2a)	(b) (li	Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss
HNO:2-2-	161/20, MADHURA		0.		8,570.					8,570.
Total. Enter	on Part I, lines 2a, 2b, and 2c ►		0.		8,570.					
Part VI	Use This Part if an Amour	nt Is		Part II,		ee instruc	tions.			1
	Name of activity	an to	rm or schedule Id line number be reported on se instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
Total			►			1.00	D			
Part VII	Allocation of Unallowed L	oss	ses. See instr	uction	S.		1			
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a)	Loss	(b) Ratio	(c) Unallowed loss
HNO:2-2-	-161/20, MADHURA		E Ln 2	2		8,570.	1.0	0000000		8,570.
Total . Part VIII	Allowed Losses. See instr			. ►		8,570.		1.00		8,570.
	Allowed Losses. See main	ucu		a alcula						
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a)	Loss	(b) Ur	allowed loss	(c) Allowed loss
HNO:2-2-	-161/20, MADHURA		E Ln 22	2		8,570.		8,570.		0.
Total .						8,570.		8 , 570.		0.
					1	,	I			

REV 03/12/22 PRO

Form **8582** (2021)

Additional information from your 2021 Federal Tax Return

Schedule C (SOFTWARE ENGINEER): Profit or Loss from Business

Ln 24b: 50% limit	Itemization Statement
Description	Amount
M&E (240D*\$20P.D) AS PER IRS PUB 1542	4,800.
Total	4,800.

Schedule C (SOFTWARE ENGINEER): Profit or Loss from Business Line 20b

Description	Amount
RENT PAID (12M*1250 P.M)	15,000.
Total	15,000.

Schedule C (SOFTWARE ENGINEER): Profit or Loss from Business

Line 25

Description	Amount
PHONE BILLS (12M*80 P.M)	960.
INTERNET BILLS (12M*75 P.M)	900.
Total	1,860.

Itemization Statement

Itemization Statement

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

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

Тахрауе	er SSN or ITIN	Spouse SSN or	ITIN (If Joint Re	Return) Submission ID					
027-	93-2749								
Тахрау	er Last Name			Taxpayer Fir	st Name			Middl	le Initial
CHIT	UKULA			SRINADH	REDDY				
Spouse Last Name (If Joint Return) Spouse First Name (If Joint Return)					eturn)				
Street A	Address					Phone	Number		
370	OAKLEY DR APT 711					(848	3)666-269	3	
City						State	ZIP		
NASH	VILLE					TN	37211		
		Part	– Tax Retu	urn Informa	ation				
1. Tota	Il Income, line 9 from your fe	deral Form 10	40			1 \$		95	5169
2. Taxa	able Income, line 15 on fede	al Form 1040				2 \$		82	2319
3. Colo	orado Tax, line 17 on Colorad	do Form 104				3 \$			3704
	prado Tax Withheld, line 18 c		orm 104			4 \$			3421
							· ·		
5. Refund, line 36 Colorado Form 104 5						5 \$	\$		
6. Amount You Owe, line 41 on Colorado Form 104 6					6 \$			227	
		Part II	— Declarat	ion of Tax I	Payer				
the amo true, con may be	penalties of perjury, I declare that bunts shown on my 2021 Federal rrect, and complete to the best of required to provide paper copies Colorado Department of Revenue	/Colorado incom my knowledge a s of this declarat	e tax returns, a nd belief. I unc ion, my returns	and that said lerstand that s, withholding	tax returns, stat I (or my Electror I statements, sc	ements, so nic Return hedules, a	chedules and Originator (EF Ind attachme	attachme RO) if appl	nts are licable)
Signatu	re		Date	Spouse's S	ignature (If Joint	Return, Bo	th Must Sign)	Date	
	Р	art III — Decla	aration of E	RO/Prepare	er/Transmitte	r			
If the ti	ransmitter did not prepare th	e tax return, cł	neck here						
Colorad Colorad amounts best of r have pr covered and atta	not the preparer, I declare only that to income tax returns. If I am the p to income tax returns and that the s shown on said tax returns, and my knowledge and belief. As prep ovided the taxpayer with copies of I by the Colorado statute of limitation achments upon request by the Co Signature	preparer, under p e information pro that said tax retu arer, I further dec of all forms and i tions, and to prov	penalties of per vided to me by urns, statemen clare that I have information file vide paper cop	jury I declare y the taxpaye ts, schedules e obtained the d. I also agre ies of this dec	that I have revie r and the amour , and attachmer e taxpayer's sign e to maintain th claration, said re uring this period	ewed the a nts shown nts are true ature on th is signed f turns, with	bove taxpaye in Part I abov c, correct, and is form at the Form (DR 845 holding stater	r's 2021 F ve agree v d complete time of fili 53) for the ments, sch	ederal/ with the to the ing and period nedules
CVAM DDIVA DAM CACAD CUDMA MALIAM					Preparer Identification Number or Your SSN				
~ · · · · · ·					I	P020827	03		
	Check if also Preparer X					Date (MM/DD/	YY)		
				03/18/2	3/18/22				



DR 0900 (06/03/21 COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0008 Tax. Colorado.gov Page 1 of 1



2021 Individual Income Tax Payment Form (Calendar year—Due April 15, 2022)

Caution!

This form **MUST** accompany your payment if you filed electronically and wish to pay by check. If you paid electronically or do not owe a payment do not file this form.

The Department strongly recommends that you file using Revenue Online (*Colorado.gov/RevenueOnline*) or another electronic filing method and remit your payment electronically or by EFT. Information on EFT can be found at *Tax.Colorado.gov/electronic-funds-transfer*

To pay by mail, make the check or money order payable to the "Colorado Department of Revenue." Be sure to round your payment to the nearest dollar. Clearly write your Social Security number or ITIN and "2021 DR 0104" on the memo line. Be sure to keep a copy of the money order or note the check number with your tax records.

Complete the form below. The amount on the check and the amount entered on the payment form must be the same. This will help maintain accuracy in your tax account.

DO NOT submit the DR 0104 if you have already filed electronically.

DO NOT CUT – Return Full Page

DR 0900 (06/03/21)							
Return the DR 0900 with check or money order payable to the "Colorado Department of Revenue". Mail payments to Colorado Department of Revenue, Denver, Colorado 80261-0008. These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required. Write your Social Security number or ITIN and "2021 DR 0104" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this form.							
SSN or ITIN							
027-93-2749							
Your Last Name	First Name				Middle Initial		
CHITUKULA	SRINADH REDDY						
Spouse's SSN or ITIN							
Spouse's Last Name (if joint)	Spouse's First Name				Middle Initial		
Address							
370 OAKLEY DR APT 711							
City			State	ZIP Cod	e		
NASHVILLE			TN	37211			
			Amou	nt of Paym	nent		
The State may convert your check to a one-time electronic banking transaction. Your bank acc the same day received by the State. If converted, your check will not be returned. If your check uncollected funds, the Department of Revenue may collect the payment amount directly from	k is rejected due to insufficient or	\$			227.00		

DO NOT CUT – Return Full Page

IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM





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2021 Colorado Individual Income Tax Return

X Full-Year

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

Mark if Abroad on due date – see instructions

Your Last	Name		Your Fi	rst Nam	e						Middle	e Initial
CHITUP	KULA		SRIN	IADH 1	RED	DY						
Date of Bir	th (MM/DD/YYYY)	SSN or ITIN	Deceas	sed								
04/18/	/1993	027-93-2749								refund, you rtificate with		
Entor th	ne following informatio	n from vour current	State o	of Issue		Last 4 c	characters of I	D nu	mber	Date of Issua	nce	
	icense or state identific		со			7376	5			11/13/2	0	
If Joint, Sp	oouse's Last Name		Spouse	e's First l	Nam	e					Middle	e Initial
Spouse's [Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceas	sed						c ,		
						the DF	R 0102 and	dea	th ce	refund, you rtificate with	n your re	
Entor th	ne following informatio	n from vour snouse's	State o	of Issue		Last 4 c	characters of I	D nu	mber	Date of Issua	nce	
current	driver license or state	identification card.										
Mailing Ad	ldress								Phor	ne Number		
370 OF	AKLEY DR APT 711								(84	18)666-26	593	
City				State	ZIF	Code		For	eign C	Country (if app	licable)	
NASHVI	ILLE			TN	3	7211						
		nbers of your household								•		
	You are a Colo AND	rado resident and at leas	st one p	berson	IN Y	your no	busenola ad	bes	not n	ave nealth	covera	ge
		ssion for the Colorado D	epartm	nent of	Re	venue	to share the	e inf	orma	ation on For	m	
	DR 0104EE wi	th Connect for Health Co Health Care Policy & Fir	olorado	(the C								
	Dopartment of								Ro	ound To The	Nearest	Dollar
1. Ente	r Federal Taxable Inco	ome from your federal in	come ta	ax forr	n:							
), 1040 SR, or 1040 S						• 1				8231	⁹ 00
Include	W-2s and 1099s with	CO withholding.										
	Additions to Federal Taxable Income											
2. State Addback, enter the state income tax deduction from your federal form 1040,												
1040) SR, or 1040 SP sche	edule A, line 5a (see inst	ruction	S)			• 2				r	00
3	. Qualified Business I	ncome Deduction Addba	ack (se	e instr	ucti	ons)	• 3				0 0	

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Name	SSN or ITIN	
SRINADH REDDY CHITUKULA	027-93-2749	
4. Other Additions, explain (see instructions) • 4 xplain: • 4		C
	82319	
5. Subtotal, sum of lines 1 through 4 5 Colorado Subtractions		(
6. Subtractions from the DR 0104AD Schedule, line 20, you must submit the		
DR 0104AD schedule with your return. • 6		(
	0.0.21.0	Ť
7. Colorado Taxable Income, subtract line 6 from line 5 • 7	82319	(
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year	DR 0104PN Schedule	_
 8. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable. 8 	3704	0
9. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the		
DR 0104AMT with your return. • 9		0
0. Recapture of prior year credits • 10		(
4 Outstatel over of lines 0 through 40	3704	
1. Subtotal, sum of lines 8 through 10112. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 12, 13, and 14		(
cannot exceed line 11, you must submit the DR 0104CR with your return. • 12		(
13. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the		
DR 1366 line 84, the sum of lines 12, 13, and 14 cannot exceed line 11, you must		
submit the DR 1366 with your return. • 13		(
4. Strategic Capital Tax Credit from DR 1330, the sum of lines 12, 13, and 14 cannot		
exceed line 11, you must submit the DR 1330 with your return. • 14		(
15. Net Income Tax, sum of lines 12, 13, and 14. Subtract that sum from line 11. 15	3704	(
16. Use Tax reported on the DR 0104US schedule line 7, you must submit the		
DR 0104US with your return. • 16		(
	3704	
17 Net Colorado Tax, sum of lines 15 and 16 17		(
 8. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return. 	3421	(
9. Prior-year Estimated Tax Carryforward • 19		
0. Estimated Tax Payments, enter the sum of the quarterly payments remitted for		
this tax year • 20		
1 Extension Powment remitted with the DP 0159 L		
1. Extension Payment remitted with the DR 0158-I • 21		ť
2. Other Prepayments: □ • DR 0104BEP □ • DR 0108 □ • DR 1079 • 22		
3. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit		-
the DR 1305G with your return. • 23		(
4. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617	^	╡
with your return. • 24	0	(

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Name SI					SSN or I	TIN	
SRINADH REDDY CHI	TUKULA				027-9	93-2749	
25. Refundable Credits with your retu	from the DR 010	4CR line 9, you	must submit the	DR 0104CR • 25			00
26. Subtotal, sum of line	es 18 through 25			26		3421	00
		Modified	AGI for TABO	ľ			
Lines 28 through 30 27. Federal Adjusted Gr					t your Colorado	tax liability.	
1040 SR line 11, or				• 27		95169	00
28. Nontaxable Social S	Security Income			• 28			00
29. Nontaxable Lump-si	um Distribution f	rom pension and	d profit sharing p	lans. • 29			00
30. Nontaxable interest	income from sta	te and local bon	ds	• 30			00
31. Sum of lines 27 thro				31		95169	00
		dified AGI Tiers					00
If line 31 is:	\$44,000 or less	\$44,001 – \$88,000	\$88,001 – \$139,000	\$139,001 – \$193,000	\$193,001 – \$246,000	\$246,001 or more	
Single Filers Enter	\$37	\$49	\$56	\$68	\$74	\$117	
Joint Filers Enter	\$74	\$98	\$112	\$136	\$148	\$234	
32. State Sales Tax Ref full-year Colorado re to file a return. Use t instructions if you ar	esidents who are the amount on li	e under the age c ne 31 and refere	of eighteen but a	re required		56	0 0
33. Sum of lines 26 and	32			33		3477	00
34. Overpayment, if line	33 is greater that	an line 17 then s	ubtract line 17 fr	om line 33 34			00
35. Estimated Tax Credi	it Carryforward t	o 2022 first quar	ter if anv	• 35			00
If you have an overpayr Colorado charity, includ	ment on line 36 l	below and would	like to donate a		your overpayme	ent to a quali	_
36. Refund, subtract line	e 35 from line 34	(see instruction	s)	• 36			00
Direct Routing Nun Deposit Account Nur			Type:	Checking	Savings	CollegeInvest {	529
For questions rega	rding CollegeInves	st direct deposit or	to open an accour	nt, visit CollegeInve	est.org or call 800	-448-2424.	

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Name			SSN or ITIN				
SRINADH REDDY CHITUKULA			027-93-2749				
37. Net Tax Due, subtract line 33 from line 17	37		227 00				
38. Delinquent Payment Penalty (see instructions)	• 38		0 0				
39. Delinquent Payment Interest (see instructions)			0 0				
40. Estimated Tax Penalty, you must submit the D (see instructions)	R 0204 with your return. • 40		0 0				
41. Amount You Owe, sum of lines 37 through 40	• 41		227.00				
The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.							
]	Third Party Designee						
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.	• X No • Yes. Comple	ete the fo	bllowing:				
Designee's Name		Phone N	lumber				
•		•					
Sign Below Under penalties of perjury, I declare that to the	best of my knowledge and belief, this return is tru	ue, correct	and complete.				
Your Signature			Date (MM/DD/YY)				
Spouse's Signature. If joint return, BOTH must sign.			Date (MM/DD/YY)				
Paid Preparer's Name		Paid Prep	parer's Phone				
GLOBAL TAXES LLC		(678)	965-9522				
Paid Preparer's Address	City	State	ZIP Code				
2530 PEBBLE CREEK LN	CUMMING	GA	30041				

File and pay at: Colorado.gov/RevenueOnline

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

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

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

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