

# IRS efile Signature Authorization

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

## Submission Identification Number (SID) ▶

Taxpayer's name <b>PRANIL NAGULPELLI</b>	Social security number <b>160-04-1427</b>
Spouse's name	Spouse's social security number

## Part I Tax Return Information— Tax Year Ending December 31, 2021 (Enter year you are authorizing)

Enter whole dollars only on lines 1 through 5

Note: Form 1040SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank

1 Adjusted gross income . . . . .	1	82,232.
2 Total tax . . . . .	2	11,011.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	13,122.
4 Amount you want refunded to you . . . . .	4	2,111.
5 Amount you owe . . . . .	5	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

4	1	4	2	7
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 as my 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my 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.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication— Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

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 authorizing 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 ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

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

Your first name and middle initial <b>PRANIL</b>	Last name <b>NAGULPELLI</b>	Your social security number <b>160-04-1427</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>2901 S. 26TH PL</b>		Apt no. <b>422</b>
City, town, or post office. If you have a foreign address, also complete spaces below. <b>ROGERS</b>		State <b>AR</b>
Foreign country name		Foreign postal code
Foreign province/state/county		ZIP code <b>72758</b>

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

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

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

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

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents see instructions and check here▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch B if required	1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		1	91,232.
	2a	Tax-exempt interest . . . . .	2a	2b	
	3a	Qualified dividends . . . . .	3a	3b	
	4a	IRA distributions . . . . .	4a	4b	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions	5a	Pensions and annuities . . . . .	5a	5b	
	6a	Social security benefits . . . . .	6a	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		7	
	8	Other income from Schedule 1, line 10 . . . . .		8	-9,000.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . . . . ▶		9	82,232.
	10	Adjustments to income from Schedule 1, line 2b . . . . .		10	
	11	Subtract line 10 from line 9. This is your adjusted gross income . . . . . ▶		11	82,232.
	12a	Standard deduction or itemized deductions (from Schedule A) . . . . .	12a	12,550.	
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	300.	
	c	Add lines 12a and 12b . . . . .	12c	12,850.	
13	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	13			
14	Add lines 12c and 13 . . . . .	14	12,850.		
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	15	69,382.		

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	11,011.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	11,011.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3 line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0	22	11,011.
23	Other taxes, including self-employment tax, from Schedule 2 line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	11,011.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	13,122.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	13,122.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) <span style="float:right">No</span> Check here if you were born after January 1, 1993, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Non-taxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863 line 8.	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3 line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	13,122.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,111.
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,111.
Direct deposit? See instructions	▶ b Routing number 1 1 1 0 0 0 0 2 5 ▶ c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d Account number 4 8 8 0 7 4 7 0 8 8 4 0		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

Designee's name \_\_\_\_\_ Phone no \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

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

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

Phone no (774) 301-6377 Email address NPRANIL@YAHOO.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/08/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no (678) 965-9522	Firm's EIN 30-1017196

# Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

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

Your social security number  
160-04-1427

## Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		1	0.
2a	Alimony received . . . . .		2a	
	b Date of original divorce or separation agreement (see instructions) ▶ _____			
3	Business income or (loss). Attach Schedule C . . . . .		3	
4	Other gains or (losses). Attach Form 4797 . . . . .		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		5	-9,000.
6	Farm income or (loss). Attach Schedule F . . . . .		6	
7	Unemployment compensation. . . . .		7	
8	Other income:			
	a Net operating loss . . . . .	8a ( )		
	b Gambling income . . . . .	8b		
	c Cancellation of debt. . . . .	8c		
	d Foreign earned income exclusion from Form 2555 . . . . .	8d ( )		
	e Taxable Health Savings Account distribution . . . . .	8e		
	f Alaska Permanent Fund dividends . . . . .	8f		
	g Jury duty pay . . . . .	8g		
	h Prizes and awards . . . . .	8h		
	i Activity not engaged in for profit income . . . . .	8i		
	j Stock options . . . . .	8j		
	k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	8k		
	l Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	8l		
	m Section 951(a) inclusion (see instructions) . . . . .	8m		
	n Section 951A(a) inclusion (see instructions) . . . . .	8n		
	o Section 461(l) excess business loss adjustment. . . . .	8o		
	p Taxable distributions from an ABLE account (see instructions) . . . . .	8p		
	z Other income. List type and amount ▶ _____	8z		
9	Total other income. Add lines 8a through 8z . . . . .		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .		10	-9,000.

**Part II** Adjustments to Income

11	Educator expenses . . . . .		11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		12
13	Health savings account deduction. Attach Form 8889 . . . . .		13
14	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		14
15	Deductible part of self-employment tax. Attach Schedule SE . . . . .		15
16	Self-employed SEP, SIMPLE, and qualified plans . . . . .		16
17	Self-employed health insurance deduction . . . . .		17
18	Penalty on early withdrawal of savings . . . . .		18
19a	Alimony paid . . . . .		19a
	b Recipient's SSN . . . . . ▶ _____		
	c Date of original divorce or separation agreement (see instructions) ▶ _____		
20	IRA deduction . . . . .		20
21	Student loan interest deduction . . . . .		21
22	Reserved for future use . . . . .		22
23	Archer MSA deduction . . . . .		23
24	Other adjustments		
	a Jury duty pay (see instructions) . . . . .	24a	
	b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .	24b	
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8 . . . . .	24c	
	d Reforestation amortization and expenses . . . . .	24d	
	e Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	24e	
	f Contributions to section 501(c)(18)(D) pension plans . . . . .	24f	
	g Contributions by certain chaplains to section 403(b) plans . . . . .	24g	
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	24h	
	i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	24i	
	j Housing deduction from Form 2555 . . . . .	24j	
	k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	24k	
	z Other adjustments. List type and amount ▶ _____	24z	
25	Total other adjustments. Add lines 24a through 24z . . . . .		25
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040SR, line 10, or Form 1041NR, line 10a . . . . .		26

SCHEDULE E  
(Form 1041)

Supplemental Income and Loss

OMB No 1545-0074

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

2021

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. 13

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

Name(s) shown on return

Your social security number

PRANIL NAGULPELLI

160-04-1427

**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 . . . . .  Yes  No

B If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

1a	Physical address of each property (street, city, state, ZIP code)				
A	BANER PUNE MAHARASTRA IN 411021				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties	A	B	C
3 Rents received . . . . .	3	650.		
4 Royalties received . . . . .	4			
<b>Expenses</b>				
5 Advertising . . . . .	5			
6 Auto and travel (see instructions) . . . . .	6			
7 Cleaning and maintenance . . . . .	7	1,000.		
8 Commissions . . . . .	8			
9 Insurance . . . . .	9			
10 Legal and other professional fees . . . . .	10			
11 Management fees . . . . .	11	1,500.		
12 Mortgage interest paid to banks, etc. (see instructions) . . . . .	12			
13 Other interest . . . . .	13			
14 Repairs . . . . .	14	2,000.		
15 Supplies . . . . .	15	2,500.		
16 Taxes . . . . .	16			
17 Utilities . . . . .	17	2,650.		
18 Depreciation expense or depletion . . . . .	18			
19 Other (list) ▶ . . . . .	19			
20 Total expenses Add lines 5 through 19 . . . . .	20	9,650.		
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	-9,000.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	22	( 9,000. )	( )	( )
23a Total of all amounts reported on line 3 for all rental properties . . . . .	23a	650.		
b Total of all amounts reported on line 4 for all royalty properties . . . . .	23b			
c Total of all amounts reported on line 12 for all properties . . . . .	23c			
d Total of all amounts reported on line 18 for all properties . . . . .	23d			
e Total of all amounts reported on line 20 for all properties . . . . .	23e	9,650.		
24 Income. Add positive amounts shown on line 21. Do not include any losses . . . . .	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	25	( 9,000. )		
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 Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	26	-9,000.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1041) 2021

# Nondeductible IRAs

▶ Go to [www.irs.gov/Form8606](http://www.irs.gov/Form8606) for instructions and the latest information.  
 ▶ Attach to 2021 Form 1040, 1040SR, or 1040NR.

Name. If married, file a separate form for each spouse required to file 2021 Form 8606. See instructions.  
**PRANIL NAGULPELLI** Your social security number  
**160-04-1427**

Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return

Home address (number and street, or P.O. box if mail is not delivered to your home) Apt no

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

Foreign country name Foreign province/state/county Foreign postal code

**Part I** Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs  
 Complete this part only if one or more of the following apply:

- You made nondeductible contributions to a traditional IRA for 2021.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2021 and you made nondeductible contributions to a traditional IRA in 2021 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2021 Forms 8915-D and 8915-F)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2021 and you made nondeductible contributions to a traditional IRA in 2021 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2021, including those made for 2021 from January 1, 2022, through April 18, 2022. See instructions.	1	4,085.
2	Enter your total basis in traditional IRAs. See instructions.	2	0.
3	Add lines 1 and 2.	3	4,085.
In 2021, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? No → Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Yes → Go to line 4.			
4	Enter those contributions included on line 1 that were made from January 1, 2022, through April 18, 2022.	4	
5	Subtract line 4 from line 3.	5	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2021, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions (see 2021 Forms 8915-D and 8915-F).	6	
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2021. Do not include rollovers (other than repayments of qualified disaster distributions (see 2021 Forms 8915-D and 8915-F)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions).	7	
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2021. Also, enter this amount on line 16.	8	
9	Add lines 6, 7, and 8.	9	
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000".	10	x
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also, enter this amount on line 17.	11	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA.	12	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions.	13	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2021 and earlier years.	14	4,085.
15a	Subtract line 12 from line 7.	15a	
b	Enter the amount on line 15a attributable to qualified disaster distributions from 2021 Forms 8915-D and 8915-F (see instructions). Also, enter this amount on 2021 Form 8915-D, line 23, or 2021 Form 8915-F, line 18, as applicable.	15b	0.
c	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2021 Form 1040, 1040SR, or 1040NR, line 4b. Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.	15c	0.

**Part II** 2021 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2021.

16	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2021 . . . . .	16	
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions) . . . . .	17	
18	Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on 2021 Form 1040, 1040SR, or 1040NR, line 4b . . . . .	18	

**Part III** Distributions From Roth IRAs

Complete this part only if you took a distribution from a Roth IRA in 2021. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2021 Forms 8915-D and 8915-F)), qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2021, including any qualified first-time homebuyer distributions, and any qualified disaster distributions (see instructions). Also, see 2021 Forms 8915-D and 8915-F . . . . .	19	
20	Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000 reduced by the total of all your prior qualified first-time homebuyer distributions . . . . .	20	
21	Subtract line 20 from line 19. If zero or less, enter -0- . . . . .	21	
22	Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, stop here . . . . .	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions) . . . . .	23	
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA. See instructions . . . . .	24	
25a	Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c . . . . .	25a	
b	Enter the amount on line 25a attributable to qualified disaster distributions from 2021 Forms 8915-D and 8915-F (see instructions). Also, enter this amount on 2021 Form 8915-D, line 24, or 2021 Form 8915-F, line 19, as applicable . . . . .	25b	
c	Taxable amount. Subtract line 25b from line 25a. If more than zero, also include this amount on 2021 Form 1040, 1040SR, or 1040NR, line 4b . . . . .	25c	

Sign Here Only if You Are Filing This Form by Yourself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your signature ▶ Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone



# Health Savings Accounts (HSAs)

▶ Attach to Form 1040, 1040-SR, or 1040-NR  
 ▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **160-04-1427**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I** HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions. . . . .	▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions. . . . .	2		0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter. . . . .	3		3,600.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs. . . . .	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0. . . . .	5		3,600.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter. . . . .	6		3,600.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions. . . . .	7		0.
8	Add lines 6 and 7. . . . .	8		3,600.
9	Employer contributions made to your HSAs for 2021. . . . .	9		3,375.
10	Qualified HSA funding distributions. . . . .	10		
11	Add lines 9 and 10. . . . .	11		3,375.
12	Subtract line 11 from line 8. If zero or less, enter -0. . . . .	12		225.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. . . . .	13		0.

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

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

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

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

2021 AR1000F



AR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2021 or fiscal year ending \_\_\_\_\_, 20\_\_

PROSERIES

USE LABEL OR PRINT OR TYPE
Primary's legal first name MI Last name
Spouse's legal first name MI Last name
Mailing address (number and street, P.O. box or rural route)
City State or province ZIP

FILING STATUS Check Only One Box
1. Single (Or widowed before 2021 or divorced at end of 2021)
2. Married filing joint (Even if only one had income)
3. Head of household (See instructions)
4. Married filing separately on the same return
5. Married filing separately on different returns
6. Surviving spouse with dependent child

Check here if you want a tax booklet mailed to you next year.
Check this box if you have filed a state extension or an automatic federal extension

PERSONAL TAX CREDITS
7A. Yourself Spouse
7B. Multiply number of DEPENDENTS from above
7C. Multiply number of qualifying individuals from AR1000RC5
7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34)

Table with 4 columns: First name, Last name, Dependent's social security number, Dependent's relationship to you

ID
DL# / State ID Your state Issue date Expiration date
DL# / State ID Spouse state Issue date Expiration date

DIRECT DEPOSIT
Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account.
Routing Number 1 Account Number 1
Routing Number 2 Account Number 2

PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete.

PLEASE SIGN HERE
Primary's signature Date Telephone
Spouse's signature Date Telephone
May the Arkansas Revenue Agency discuss this return with the preparer?

PAID PREPARER
Paid preparer's signature PTIN/ID number
Preparer's name City/State/ZIP
E-mail



Primary SSN 160-04-1427

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	
INCOME Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)	8. Wages, salaries, tips, etc (Attach W-2s)	8	●	91,232.00	●	
	9. Military pay Primary <input type="checkbox"/> [00] Spouse <input type="checkbox"/> [00]					
	10. Interest income (If over \$1,500, Attach AR4)	10	●	00	●	
	11. Dividend income (If over \$1,500, Attach AR4)	11	●	00	●	
	12. Alimony and separate maintenance received	12	●	00	●	
	13. Business or professional income (Attach federal Schedule C)	13	●	00	●	
	14. Capital gains/(losses) from stocks, bonds, etc (See instructions, Attach federal Schedule D)	14	●	00	●	
	15. Other gains or (losses) (Attach federal Form 4797 and/or AR4684 if applicable)	15	●	00	●	
	16. Non-qualified IRA distributions and taxable annuities (Attach All 1099Rs)	16	●	00	●	
	17. Military retirement Primary <input type="checkbox"/> [00] Spouse <input type="checkbox"/> [00]					
	18A. Primary employer pension plan(s)/qualified IRA(s) (See instructions, Attach all 1099Rs) Gross distribution <input type="checkbox"/> [00] Taxable amount <input type="checkbox"/> [00] Less \$6,000	18A	●	00		
	18B. Spouse employer pension plan(s)/qualified IRA(s) (See instructions, Attach all 1099Rs) Gross distribution <input type="checkbox"/> [00] Taxable amount <input type="checkbox"/> [00] Less \$6,000	18B	●	00	●	
	19. Rents, royalties, partnerships, estates, trusts, etc. (Attach federal Schedule E)	19	●	-9,000.00	●	
	20. Farm income (Attach federal Schedule F)	20	●	00	●	
	21. Unemployment Primary/Joint <input type="checkbox"/> [00] Spouse <input type="checkbox"/> [00]	21				
	22. Other income/depreciation differences (Attach Form AR-OI)	22	●	00	●	
	23. TOTAL INCOME: (Add lines 8 through 22)	23	●	82,232.00	●	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	●	00	●	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25	●	82,232.00	●	
	TAX COMPUTATION	26. Select tax table (Select only one)	26			
		● <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions				
		● <input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only)				
		● <input type="checkbox"/> Itemized deductions (Attach AR3)	27	●	2,200.00	●
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28	●	80,032.00	●
		29. TAX: (Enter tax from tax table)	29	●	3,926.00	●
30. Combined tax (Add amounts from line 29, columns A and B)		30			3,926.00	
31. Enter tax from Lump Sum Distribution Averaging Schedule (Attach AR1000TD)		31			●	
32. Additional tax on IRA and qualified plan withdrawal and overpayment (Attach federal Form 5329, if required)	32			●		
33. TOTAL TAX: (Add lines 30 through 32)	33	●	3,926.00	●		
TAX CREDITS	34. Personal tax credit(s) (Enter total from line 7D)	34	●	29.00		
	35. Child care credit (Attach AR2441)	35	●	00		
	36. Other credits (Attach AR1000TC)	36	●	00		
	37. TOTAL CREDITS: (Add lines 34 through 36)	37	●	29.00	●	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38	●	3,897.00	●		
PAYMENTS	39. Arkansas income tax withheld (Attach state copies of W-2 and/or 1099R, W2-G)	39	●	4,564.00		
	40. Estimated tax paid or credit brought forward from 2020	40	●	00		
	41. Payment made with extension (See instructions)	41	●	00		
	42. AMENDED RETURNS ONLY - Previous payments (See instructions)	42	●	00		
	43. Early childhood program Certification number _____ (Attach AR1000EC and AR2441)	43	●	00		
	44. TOTAL PAYMENTS: (Add lines 39 through 43)	44	●	4,564.00	●	
	45. AMENDED RETURNS ONLY - Previous refund (See instructions)	45	●	00	●	
46. Adjusted total payments (Subtract line 45 from line 44)	46	●	4,564.00	●		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	47	●	667.00	●	
	48. Amount to be applied to 2022 estimated tax	48	●	00		
	49. Amount of Check-off Contributions (Attach Schedule AR1000-CO)	49	●	00		
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)	50	●	667.00	☺	
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)	51	●	00	☹	
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="checkbox"/> Penalty 52B <input type="checkbox"/> [00]					
52C. Add lines 51 and 52B (See instructions)	52C	●	00	●		



ARKANSAS INDIVIDUAL INCOME TAX  
DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial ● PRANIL		Last Name ● NAGULPELLI		Primary's Social Security Number ● 160-04-1427	
Spouse's Legal First Name and Middle Initial		Last Name		Spouse's Social Security Number ●	
Mailing Address (Number and Street, P.O. Box or Rural Route) 2901 S. 26TH PL, APT. 422				Telephone ● (774) 301-6377	
City ROGERS	State or Province AR	ZIP 72758	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

1. Total Income (Form AR1000F or AR1000NR, Line 23) .....	1	82,232.	00
2. Net Tax (Form AR1000F or AR1000NR, Line 38) .....	2	3,897.	00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) .....	3	● 4,564.	00
4. Refund (Form AR1000F or AR1000NR, Line 47) .....	4	667.	00
5. Tax Due (Form AR1000F or AR1000NR, Line 51) .....	5		00

PART II - DECLARATION OF TAXPAYER

- 6a.  I consent that my refund be direct deposited as designated in the electronic portion of my 2021 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.
- 6b.  I do not want direct deposit of my refund or I am not receiving a refund.
- 6c.  I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).
- 6d.  I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2021 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here \_\_\_\_\_  
 Primary's Signature Date Spouse's Signature Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only  
 ERO'S Signature \_\_\_\_\_ Date 02/08/2022 Check if paid preparer  Check if self-employed  Your SSN or PTIN \_\_\_\_\_  
 Firm's name and address GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 FEIN 30-1017196

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only  
 Preparer's Signature \_\_\_\_\_ Date 02/08/2022 Check if self-employed  Preparer's SSN or PTIN P02082703  
 Firm's name and address SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041 FEIN 30-1017196

SCHEDULE E  
(Form 1041)

Supplemental Income and Loss

OMB No 1545-0074

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

2021

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. 13

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

Name(s) shown on return

Your social security number

PRANIL NAGULPELLI

160-04-1427

**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 . . . . .  Yes  No

B If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

1a	Physical address of each property (street, city, state, ZIP code)				
A	BANER PUNE MAHARASTRA IN 411021				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 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	A	B	C
3 Rents received . . . . .	3	650.		
4 Royalties received . . . . .	4			
<b>Expenses</b>				
5 Advertising . . . . .	5			
6 Auto and travel (see instructions) . . . . .	6			
7 Cleaning and maintenance . . . . .	7	1,000.		
8 Commissions . . . . .	8			
9 Insurance . . . . .	9			
10 Legal and other professional fees . . . . .	10			
11 Management fees . . . . .	11	1,500.		
12 Mortgage interest paid to banks, etc. (see instructions) . . . . .	12			
13 Other interest . . . . .	13			
14 Repairs . . . . .	14	2,000.		
15 Supplies . . . . .	15	2,500.		
16 Taxes . . . . .	16			
17 Utilities . . . . .	17	2,650.		
18 Depreciation expense or depletion . . . . .	18			
19 Other (list) ▶ . . . . .	19			
20 Total expenses Add lines 5 through 19 . . . . .	20	9,650.		
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	-9,000.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	22	( 9,000. )	( )	( )
23a Total of all amounts reported on line 3 for all rental properties . . . . .	23a		650.	
b Total of all amounts reported on line 4 for all royalty properties . . . . .	23b			
c Total of all amounts reported on line 12 for all properties . . . . .	23c			
d Total of all amounts reported on line 18 for all properties . . . . .	23d			
e Total of all amounts reported on line 20 for all properties . . . . .	23e		9,650.	
24 Income. Add positive amounts shown on line 21. Do not include any losses . . . . .	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	25	( 9,000. )		
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 Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	26			-9,000.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1041) 2021