

# IRS e-file 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<br><b>MOUNIKA KANUKULA</b> | Social security number<br>897-06-1802 |
| 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 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|  |          |          |
|--|----------|----------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 102,912. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 15,711.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 20,907.  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 5,196.   |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |          |

## 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 acknowledgement 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 6 | 1 | 8 | 0 | 2 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- 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 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- 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 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 ▶ \_\_\_\_\_

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

Filing Status [X] 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: MOUNIKA
Last name: KANUKULA
Your social security number: 897-06-1802
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.
174 SAND HILL LN
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
WARSAW
State: IN
ZIP code: 46582
Foreign country name:
Foreign province/state/county:
Foreign postal code:
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? [X] Yes [ ] No

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'Dependents (see instructions):'.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions (e.g., Wages, salaries, tips, etc.), and amounts. Total taxable income is 90,362.

|                                      |  |            |         |
|--------------------------------------|--|------------|---------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____   | <b>16</b>  | 15,711. |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 15,711. |
| <b>19</b>                            | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | <b>19</b>  |         |
| <b>20</b>                            | Amount from Schedule 3, line 8   | <b>20</b>  |         |
| <b>21</b>                            | Add lines 19 and 20  | <b>21</b>  |         |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 15,711. |
| <b>23</b>                            | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b>  | 0.      |
| <b>24</b>                            | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 15,711. |
| <b>25</b>                            | Federal income tax withheld from:  |            |         |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 20,907. |
| <b>b</b>                             | Form(s) 1099   | <b>25b</b> |         |
| <b>c</b>                             | Other forms (see instructions)   | <b>25c</b> |         |
| <b>d</b>                             | Add lines 25a through 25c  | <b>25d</b> | 20,907. |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |         |
| <b>27a</b>                           | Earned income credit (EIC) <span style="float:right">No</span>   | <b>27a</b> |         |
|                                      | Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> |            |         |
| <b>b</b>                             | Nontaxable combat pay election   | <b>27b</b> |         |
| <b>c</b>                             | Prior year (2019) earned income  | <b>27c</b> |         |
| <b>28</b>                            | Refundable child tax credit or additional child tax credit from Schedule 8812  | <b>28</b>  |         |
| <b>29</b>                            | American opportunity credit from Form 8863, line 8   | <b>29</b>  |         |
| <b>30</b>                            | Recovery rebate credit. See instructions   | <b>30</b>  |         |
| <b>31</b>                            | Amount from Schedule 3, line 15  | <b>31</b>  |         |
| <b>32</b>                            | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  |         |
| <b>33</b>                            | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 20,907. |
| <b>Refund</b>                        | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 5,196.  |
|                                      | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>35a</b> | 5,196.  |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 044000037 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |         |
|                                      | <b>d</b> Account number 867391307  |            |         |
|                                      | <b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | <b>36</b>  |         |
| <b>Amount You Owe</b>                | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | <b>37</b>  |         |
|                                      | <b>38</b> Estimated tax penalty (see instructions)   | <b>38</b>  |         |

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

Phone no. (614) 816-7816 Email address mounika.vs261@gmail.com

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/26/2022 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>30-1017196                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

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

Your social security number  
897-06-1802

**Part I Additional Income**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -10,660. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |          |
| <b>8</b>  | Other income:   |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )      |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b> |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )      |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b> |          |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b> |          |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b> |          |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b> |          |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b> |          |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b> |          |
| <b>k</b>  | 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 . . . . . | <b>8k</b> |          |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b> |          |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b> |          |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b> |          |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b> |          |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b> |          |
| <b>z</b>  | Other income. List type and amount ▶ _____  | <b>8z</b> |          |
|           | Other Income from box 3 of 1099-Misc . . . . . 23.  |           | 23.      |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  | 23.      |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   | <b>10</b> | -10,637. |

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

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

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://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.**

Name(s) shown on return  
MOUNIKA KANUKULA

Your social security number  
897-06-1802

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 3,230.                           | 3,679.                          |   | -449.   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> -449.  |

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b>   |

**Part III Summary**

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | -449.    |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |          |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.  |           |          |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |          |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |          |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                |           |          |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( 449. ) |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |          |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |           |          |



**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

MOUNIKA KANUKULA

Social security number or taxpayer identification number

897-06-1802

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

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

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

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

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

| 1  | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|--|---|---|--|--|---|--------------------------------|--|
|  |  |   |   |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|  | APEX CLEARING  | 07/18/21                                | 12/30/21  | 3,230.   | 3,679.   |   |                                | -449.  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ► |  |   |   | 3,230.   | 3,679.   |   |                                | -449.  |

**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.



**SCHEDULE E  
(Form 1040)**

**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 1040, 1040-SR, 1040-NR, or 1041.

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

MOUNIKA KANUKULA

897-06-1802

**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

|           |   |  |                  |                   |                          |
|-----------|---|--|------------------|-------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                  |                   |                          |
| <b>A</b>  | 1-16/3 KOTHAPALLY JAMMIKUNTA, KARIMNAGAR TELANGANA IN 505122      |  |                  |                   |                          |
| <b>B</b>  |   |  |                  |                   |                          |
| <b>C</b>  |   |  |                  |                   |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 3   |  | <b>A</b> 365     | 0                 | <input type="checkbox"/> |
| <b>B</b>  |   |  | <b>B</b>         |                   | <input type="checkbox"/> |
| <b>C</b>  |   |  | <b>C</b>         |                   | <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        |
|------------------|---|-------------|-------------|---------|----------|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>    | 650.        |         |          |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>    |             |         |          |
| <b>Expenses:</b> |   |             |             |         |          |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>    |             |         |          |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>    |             |         |          |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>    | 1,360.      |         |          |
| <b>8</b>         | Commissions. . . . .  | <b>8</b>    |             |         |          |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>    |             |         |          |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>   |             |         |          |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>   | 980.        |         |          |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |             |         |          |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>   |             |         |          |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>   | 2,720.      |         |          |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>   | 3,050.      |         |          |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>   |             |         |          |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>   | 3,200.      |         |          |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>   |             |         |          |
| <b>19</b>        | Other (list) ▶ . . . . .  | <b>19</b>   |             |         |          |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>   | 11,310.     |         |          |
| <b>21</b>        | 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 . . . . .   | <b>21</b>   | -10,660.    |         |          |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .  | <b>22</b>   | ( 10,660. ) | ( )     | ( )      |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>  |             | 650.    |          |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>  |             |         |          |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>  |             |         |          |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>  |             |         |          |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>  |             | 11,310. |          |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .   | <b>24</b>   |             |         |          |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>   | ( 10,660. ) |         |          |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> 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 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>   |             |         | -10,660. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

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

**2021**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **897-06-1802**

**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.

|           |  |                                    |  |
|-----------|--|------------------------------------|--|
| <b>1</b>  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions . . . . . ▶   | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family |
| <b>2</b>  | 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. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | <b>2</b>                           | 0.   |
| <b>3</b>  | If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | <b>3</b>                           | 7,200.                                     |
| <b>4</b>  | 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 . . . . .                                       | <b>4</b>                           | 0.   |
| <b>5</b>  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | <b>5</b>                           | 7,200.                                     |
| <b>6</b>  | 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 . . . . .   | <b>6</b>                           | 7,200.                                     |
| <b>7</b>  | 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 . . . . .   | <b>7</b>                           | 0.   |
| <b>8</b>  | Add lines 6 and 7 . . . . .  | <b>8</b>                           | 7,200.                                     |
| <b>9</b>  | Employer contributions made to your HSAs for 2021 . . . . .  | <b>9</b>                           | 3,590.                                     |
| <b>10</b> | Qualified HSA funding distributions . . . . .  | <b>10</b>                          |  |
| <b>11</b> | Add lines 9 and 10 . . . . .   | <b>11</b>                          | 3,590.                                     |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | <b>12</b>                          | 3,610.                                     |
| <b>13</b> | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  | <b>13</b>                          | 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.

|            |  |            |  |
|------------|--|------------|--|
| <b>14a</b> | Total distributions you received in 2021 from all HSAs (see instructions) . . . . .  | <b>14a</b> |  |
| <b>b</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 . . . . . | <b>14b</b> |  |
| <b>c</b>   | Subtract line 14b from line 14a . . . . .  | <b>14c</b> |  |
| <b>15</b>  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .   | <b>15</b>  |  |
| <b>16</b>  | <b>Taxable HSA distributions.</b> 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 . . . . .  | <b>16</b>  |  |
| <b>17a</b> | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>  |            |  |
| <b>b</b>   | <b>Additional 20% tax</b> (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 . . . . .                  | <b>17b</b> |  |

**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.

|           |   |           |  |
|-----------|---|-----------|--|
| <b>18</b> | Last-month rule . . . . .   | <b>18</b> |  |
| <b>19</b> | Qualified HSA funding distribution . . . . .  | <b>19</b> |  |
| <b>20</b> | <b>Total income.</b> 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 . . . . . | <b>20</b> |  |
| <b>21</b> | <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .                        | <b>21</b> |  |

**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040, 1040-SR, or 1041.  
▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

MOUNIKA KANUKULA

Identifying number

897-06-1802

**Part I 2021 Passive Activity Loss**

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

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

|  |           |             |  |          |
|--|-----------|-------------|--|----------|
| <b>1a</b> Activities with net income (enter the amount from Part IV, column (a)) . . . . .   | <b>1a</b> | 0.          |  |          |
| <b>b</b> Activities with net loss (enter the amount from Part IV, column (b)) . . . . .      | <b>1b</b> | ( 10,660. ) |  |          |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . . . | <b>1c</b> | ( )         |  |          |
| <b>d</b> Combine lines 1a, 1b, and 1c . . . . .  | <b>1d</b> |             |  | -10,660. |

**All Other Passive Activities**

|   |           |     |  |  |
|---|-----------|-----|--|--|
| <b>2a</b> Activities with net income (enter the amount from Part V, column (a)) . . . . .   | <b>2a</b> |     |  |  |
| <b>b</b> Activities with net loss (enter the amount from Part V, column (b)) . . . . .      | <b>2b</b> | ( ) |  |  |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c)) . . . . . | <b>2c</b> | ( ) |  |  |
| <b>d</b> Combine lines 2a, 2b, and 2c . . . . .   | <b>2d</b> |     |  |  |

|  |          |  |  |          |
|--|----------|--|--|----------|
| <b>3</b> 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 . . . . . | <b>3</b> |  |  | -10,660. |
|--|----------|--|--|----------|

- 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.

|  |          |          |
|--|----------|----------|
| <b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .   | <b>4</b> | 10,660.  |
| <b>5</b> Enter \$150,000. If married filing separately, see instructions . . . . .   | <b>5</b> | 150,000. |
| <b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions<br><b>Note:</b> 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. | <b>6</b> | 113,572. |
| <b>7</b> Subtract line 6 from line 5 . . . . .   | <b>7</b> | 36,428.  |
| <b>8</b> Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions   | <b>8</b> | 18,214.  |
| <b>9</b> Enter the <b>smaller</b> of line 4 or line 8 . . . . .  | <b>9</b> | 10,660.  |

**Part III Total Losses Allowed**

|  |           |         |
|--|-----------|---------|
| <b>10</b> Add the income, if any, on lines 1a and 2a and enter the total . . . . .   | <b>10</b> | 0.      |
| <b>11</b> <b>Total losses allowed from all passive activities for 2021.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return . . . . . | <b>11</b> | 10,660. |

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c.** See instructions.

| Name of activity                                      | Current year             |                        | Prior years                  | Overall gain or loss |          |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
|   | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain             | (e) Loss |
| 1-16/3 KOTHAPALLY                                     | 0.                       | 10,660.                |                              |                      | 10,660.  |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c ▶ | 0.                       | 10,660.                |                              |                      |          |

**Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c.** See instructions.

| Name of activity                                      | Current year             |                        | Prior years                  | Overall gain or loss |          |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
|   | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain             | (e) Loss |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c ▶ |                          |                        |                              |                      |          |

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9.** See instructions.

| Name of activity         | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio   | (c) Special allowance | (d) Subtract column (c) from column (a). |
|--------------------------|---|----------|-------------|-----------------------|--|
| 1-16/3 KOTHAPALLY        | E Ln 22   | 10,660.  | 1.00000000  | 10,660.               | 0.                                       |
|                          |   |          |             |                       |  |
|                          |   |          |             |                       |  |
|                          |   |          |             |                       |  |
| <b>Total</b> . . . . . ▶ |   | 10,660.  | <b>1.00</b> | 10,660.               | 0.                                       |

**Part VII Allocation of Unallowed Losses.** See instructions.

| Name of activity         | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio   | (c) Unallowed loss |
|--------------------------|---|----------|-------------|--------------------|
|                          |   |          |             |                    |
|                          |   |          |             |                    |
|                          |   |          |             |                    |
|                          |   |          |             |                    |
| <b>Total</b> . . . . . ▶ |   |          | <b>1.00</b> |                    |

**Part VIII Allowed Losses.** See instructions.

| Name of activity         | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|--------------------------|---|----------|--------------------|------------------|
|                          |   |          |                    |                  |
|                          |   |          |                    |                  |
|                          |   |          |                    |                  |
|                          |   |          |                    |                  |
| <b>Total</b> . . . . . ▶ |   |          |                    |                  |

Cut on line before mailing

REV 01/24/22 PRO

POST FILING COUPON

PFC

0912

1030

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

\*SSN 1 897 06 1802

\*SSN 2

Period End Date 12 31 2021

Date Due 04 18 2022

Tax Type IND

Mail and make check payable to  
INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 1674  
INDIANAPOLIS, IN 46206-1674

MOUNIKA KANUKULA

174 SAND HILL LN

WARSAW IN 46582

Amount Due:

690.00

06000089706180202000010111231202107

**Indiana Part-Year or Full-Year Nonresident  
Individual Income Tax Return**

**2021**

Due April 18, 2022

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from    to:

Place "X" in box   
if amending

Your Social Security Number  897  06  1802

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  MOUNIKA  Initial  Last name  KANUKULA  Suffix

If filing a joint return, spouse's first name  Initial  Last name  Suffix

Present address (number and street or rural route)  174 SAND HILL LN  Place "X" in box if you are married filing separately.

City  WARSAW State  IN Zip/Postal code  46582

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2021.

County where you lived  43 County where you worked  43 County where spouse lived  County where spouse worked

**Round all entries**

1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A \_\_\_\_\_ **Indiana Income**  1  72001  .00
2. Enter amount from Schedule B, line 6, and enclose Schedule B \_\_\_\_\_ **Indiana Add-Backs**  2   .00
3. Add line 1 and line 2 \_\_\_\_\_  3  72001  .00
4. Enter amount from Schedule C, line 12, and enclose Schedule C \_\_\_\_\_ **Indiana Deductions**  4   .00
5. Subtract line 4 from line 3 \_\_\_\_\_  5  72001  .00
6. You must complete Schedule D. Enter amount from Schedule D, line 8, and enclose Schedule D \_\_\_\_\_ **Indiana Exemptions**  6  700  .00
7. Subtract line 6 from line 5 \_\_\_\_\_ **Indiana Adjusted Gross Income**  7  71301  .00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank)  8  2303  .00
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank)  9  713  .00
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.)  10   .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back \_\_\_\_\_ **Indiana Taxes**  11  3016  .00



|  |     |      |     |  |
|--|-----|------|-----|--|
| 12. Enter credits from Schedule F, line 10 (enclose schedule) _____  | 12  | 2326 | .00 |  |
| 13. Enter offset credits from Schedule G, line 8 (enclose schedule) _____  | 13  |      | .00 |  |
| 14. Add lines 12 and 13 _____ <b>Indiana Credits</b>   | 14  | 2326 | .00 |  |
| 15. Enter amount from line 11 _____ <b>Indiana Taxes</b>   | 15  | 3016 | .00 |  |
| 16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)                   | 16  |      | .00 |  |
| 17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16                                 | 17  |      | .00 |  |
| 18. Subtract line 17 from line 16 _____ <b>Overpayment</b>   | 18  |      | .00 |  |
| 19. Amount from line 18 to be applied to your 2022 estimated tax account (see instructions).                                   |     |      |     |  |
| Enter your county code <input type="text"/> county tax to be applied __ \$   | a   |      | .00 |  |
| Spouse's county code <input type="text"/> county tax to be applied __ \$   | b   |      | .00 |  |
| Indiana adjusted gross income tax to be applied _____ \$   | c   |      | .00 |  |
| Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____                               | 19d |      | .00 |  |
| 20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____  | 20  |      | .00 |  |
| <b>21. Refund:</b> Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions <b>Your Refund</b>        | 21  |      | .00 |  |
| <b>22. Direct Deposit</b> (see instructions)   |     |      |     |  |
| a. Routing Number <input type="text"/>   |     |      |     |  |
| b. Account Number <input type="text"/>   |     |      |     |  |
| c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC          |     |      |     |  |
| d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/>                  |     |      |     |  |
| 23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____ | 23  | 690  | .00 |  |
| 24. Penalty if filed after due date (see instructions) _____   | 24  |      | .00 |  |
| 25. Interest if filed after due date (see instructions) _____  | 25  |      | .00 |  |
| <b>26. Amount Due:</b> Add lines 23, 24 and 25 _____ <b>Amount You Owe</b>   | 26  | 690  | .00 |  |

Do not send cash. Please make your check or money order payable to:  
Indiana Department of Revenue. Credit card payers must see instructions.

**Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).**

|                |      |                    |      |
|----------------|------|--------------------|------|
| Your Signature | Date | Spouse's Signature | Date |
|----------------|------|--------------------|------|

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.





Name(s) shown on Form IT-40PNR

Your Social Security Number

MOUNIKA KANUKULA

897 06 1802

**Section 1: Income or (Loss)** Enter in Column A the same income or loss you reported on your 2021 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

|   | Column A                   |           | Column B                |          |
|---|----------------------------|-----------|-------------------------|----------|
|   | Income from Federal Return |           | Income Taxed by Indiana |          |
| 1. Your wages, salaries, tips, commissions, etc _____   | 1A                         | 113998.00 | 1B                      | 72001.00 |
| 2. Spouse's wages, salaries, tips, commissions, etc _____                                       | 2A                         | .00       | 2B                      | .00      |
| 3. Taxable interest income _____  | 3A                         | .00       | 3B                      | .00      |
| 4. Dividend income _____  | 4A                         | .00       | 4B                      | .00      |
| 5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____ | 5A                         | .00       | 5B                      | .00      |
| 6. Alimony received _____   | 6A                         | .00       | 6B                      | .00      |
| 7. Business income or loss from federal Schedule C _____  | 7A                         | .00       | 7B                      | .00      |
| 8. Capital gain or loss from sale or exchange of property from your federal return _____        | 8A                         | -449.00   | 8B                      | 0.00     |
| 9. Other gains or (losses) from Form 4797 _____   | 9A                         | .00       | 9B                      | .00      |
| 10. Taxable IRA distribution _____  | 10A                        | .00       | 10B                     | .00      |
| 11. Taxable pensions and annuities _____  | 11A                        | .00       | 11B                     | .00      |
| 12. Net rent or royalty income or loss reported on federal Schedule E _____                     | 12A                        | -10660.00 | 12B                     | 0.00     |
| 13. Income or loss from partnerships _____  | 13A                        | .00       | 13B                     | .00      |
| 14. Income or loss from trusts and estates _____  | 14A                        | .00       | 14B                     | .00      |
| 15. Income or loss from S corporations _____  | 15A                        | .00       | 15B                     | .00      |
| 16. Farm income or loss from federal Schedule F _____   | 16A                        | .00       | 16B                     | .00      |
| 17. Unemployment compensation _____   | 17A                        | .00       | 17B                     | .00      |
| 18. Taxable Social Security benefits _____  | 18A                        | .00       | 18B                     | .00      |
| 19. Indiana apportioned income from Schedule IT-40PNRA _____                                    |                            |           | 19B                     | .00      |
| 20. Other income reported on your federal return _____  | 20A                        | 23.00     | 20B                     | 0.00     |
| List source(s). (Do not include federal net operating loss in Column B. See instructions.)      |                            |           |                         |          |
| OTHER INCOME FROM FEDERAL   |                            |           |                         |          |
| 21. Subtotal: add lines 1 through 20 _____  | 21A                        | 102912.00 | 21B                     | 72001.00 |



**Proration Section** See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet \_\_\_\_\_ 21C  .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example:  $\$3,100 \div \$8,000 = .3875$ , which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 7 \_\_\_\_\_ 21D  0.700

**Section 2: Adjustments to Income** Note: Enter in Column A only those deductions claimed on your 2021 federal income tax return, Form 1040, Form 1040-SR, and Form 1040, Schedule 1, Part II. Round all entries.

|  | Column A<br>Federal Adjustments |                          | Column B<br>Indiana Adjustments |                          |
|--|---------------------------------|--------------------------|---------------------------------|--------------------------|
| 22. Educator expenses (see instructions) _____                             | 22A                             | <input type="text"/> .00 | 22B                             | <input type="text"/> .00 |
| 23. Certain business expenses of reservists, performing artists, etc _____ | 23A                             | <input type="text"/> .00 | 23B                             | <input type="text"/> .00 |
| 24. Health savings account deduction _____                                 | 24A                             | <input type="text"/> .00 | 24B                             | <input type="text"/> .00 |
| 25. Moving expenses (see instructions) _____                               | 25A                             | <input type="text"/> .00 | 25B                             | <input type="text"/> .00 |
| 26. Deductible part of self-employment tax _____                           | 26A                             | <input type="text"/> .00 | 26B                             | <input type="text"/> .00 |
| 27. Self-employed, SEP, SIMPLE, and qualified plans _____                  | 27A                             | <input type="text"/> .00 | 27B                             | <input type="text"/> .00 |
| 28. Self-employed health insurance deduction _____                         | 28A                             | <input type="text"/> .00 | 28B                             | <input type="text"/> .00 |
| 29. Penalty on early withdrawal of savings _____                           | 29A                             | <input type="text"/> .00 | 29B                             | <input type="text"/> .00 |
| 30. Alimony paid _____   | 30A                             | <input type="text"/> .00 | 30B                             | <input type="text"/> .00 |
| 31. IRA deduction _____  | 31A                             | <input type="text"/> .00 | 31B                             | <input type="text"/> .00 |
| 32. Student loan interest deduction (see instructions) _____               | 32A                             | <input type="text"/> .00 | 32B                             | <input type="text"/> .00 |
| 33. Reserved for future use _____  | 33A                             | <input type="text"/> .00 | 33B                             | <input type="text"/> .00 |
| 34. Other (see instructions) <input type="text"/>                          | 34A                             | <input type="text"/> .00 | 34B                             | <input type="text"/> .00 |
| 35. Add lines 22 through 34 _____  | 35A                             | <input type="text"/> .00 | 35B                             | <input type="text"/> .00 |

**Section 3: Totals**

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1 \_\_\_\_\_ 36A  102912 .00 36B  72001 .00



Name(s) shown on Form IT-40PNR

MOUNIKA KANUKULA

Your Social Security Number

897 06 1802

**Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.**

**Round all entries**

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000   1  1000  .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6  x \$1000   2   .00  
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
  - who was under the age of 19 by Dec. 31, 2021,
  - or a full-time student who was under the age of 24 by Dec. 31, 2021, and
  - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7.  x \$1500   3   .00

4. Place "X" in box(es) below if, by December 31, 2021

You were age 65 or older  and/or blind

Spouse was 65 or older  and/or blind

Total number of boxes with Xs  x \$1000   4   .00

5. If age 65 or older, enter amount from Schedule A, line 36A \$

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs  x \$500   5   .00

6. Add lines 1, 2, 3, 4 and 5   6  1000  .00

7. Enter the number from Schedule A, Proration Section, line 21D   7  0.700

8. Multiply line 6 by line 7. Enter here and on Form IT-40PNR, line 6  **Total Exemptions**   8  700  .00



Name(s) shown on Form IT-40PNR

Your Social Security Number

MOUNIKA KANUKULA

897 06 1802

**Round all entries**

- |   |    |      |     |
|---|----|------|-----|
| 1. Indiana state tax withheld: enclose W-2s, 1099s, IN K-1s showing state tax withholding amounts   | 1  | 2326 | .00 |
| 2. Indiana county tax withheld: enclose W-2s, 1099s, IN K-1s showing county tax withholding amts.   | 2  |      | .00 |
| 3. Estimated tax paid for 2021: include any extension payment made with Form IT-9   | 3  |      | .00 |
| 4. Unified tax credit for the elderly   | 4  |      | .00 |
| 5. Earned income credit: see instructions<br>Enter earned income credit from<br>Schedule IN-EIC, line <b>A-3</b> _____ Box A              |    |      | .00 |
| Enter number from Schedule A, Proration Section, line 21D _____ Box B   |    | .    |     |
| Multiply Box A by Box B, enter total here _____   | 5  |      | .00 |
| 6. Lake County residential income tax credit _____  | 6  |      | .00 |
| 7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE,<br>line 19 (enclose schedule) _____             | 7  |      | .00 |
| 8. Economic development for a growing economy retention credit. Enter amount from<br>Schedule IN-EDGE-R, line 19 (enclose schedule) _____ | 8  |      | .00 |
| 9. Headquarters relocation credit (refundable portion - see instructions) _____   | 9  |      | .00 |
| 10. Add lines 1 through 9. Enter total here and on Form IT-40PNR, line 12 <b>Total Credits</b>  | 10 | 2326 | .00 |

**Schedule IN-DONATE**

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

- |   |       |                |    |       |     |
|---|-------|----------------|----|-------|-----|
| a. Enter fund name  | _____ | code no. _____ | 1a | _____ | .00 |
| b. Enter fund name  | _____ | code no. _____ | 1b | _____ | .00 |
| c. Enter fund name  | _____ | code no. _____ | 1c | _____ | .00 |
| 2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 <b>Total Donations</b> |       |                | 2  | _____ | .00 |



Name(s) shown on Form IT-40PNR

Your Social Security Number

MOUNIKA KANUKULA

897 06 1802

**Section 1: Residency Information**

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2021. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

**Example**

| State of Residence | Date From (MM/DD) | Date To (MM/DD) | Did you file a tax return with the state/country?<br>Place "X" in appropriate box. |
|--------------------|-------------------|-----------------|--|
| IL                 | 01 01 2021        | 06 01 2021      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                |
| IN                 | 06 02 2021        | 12 31 2021      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                |

**Your information**

|    | (a)<br>State of Residence | (b)<br>Date From (MM/DD) | (c)<br>Date To (MM/DD) | Did you file a tax return with the state/country?<br>Place "X" in appropriate box. |
|----|---------------------------|--------------------------|------------------------|--|
| 1A | IN                        | 05 01 2021               | 12 30 2021             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                |
| 1B | AR                        | 01 01 2021               | 04 30 2021             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                |
| 1C |                           |                          |                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                           |
| 1D |                           |                          |                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                           |

**Spouse's information if married filing jointly**

|    | (a)<br>State of Residence | (b)<br>Date From (MM/DD) | (c)<br>Date To (MM/DD) | Did you file a tax return with the state/country?<br>Place "X" in appropriate box. |
|----|---------------------------|--------------------------|------------------------|--|
| 2A |                           | 05 01 2021               | 12 31 2021             | Yes <input type="checkbox"/> No <input type="checkbox"/>                           |
| 2B |                           | 01 01 2021               | 04 30 2021             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                |
| 2C |                           |                          |                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                           |
| 2D |                           |                          |                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                           |

Turn over to complete Section 2



24021111030

Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2021? Place "X" in appropriate box. Yes  No

2. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

5. Date of death

If any individual listed at the top of the IT-40PNR died during 2021, enter date of death (MM/DD).

Taxpayer's date of death   2021 Spouse's date of death   2021

Authorization Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number

Your email address

I authorize the Department to discuss my return with my personal representative.

Yes  No  If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State  ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State  ZIP Code

Preparer's signature

Name(s) shown on Form IT-40PNR

Your Social Security Number

MOUNIKA KANUKULA

897 06 1802

**SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2021.**

1. Enter the amount from IT-40PNR, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40PNR, line 7 on line 1A only (see instructions) \_\_\_\_\_

| Column A - Yourself |          | Column B - Spouse's |     |
|---------------------|----------|---------------------|-----|
| 1A                  | 71301.00 | 1B                  | .00 |

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2021 \_\_\_\_\_

|    |          |    |  |
|----|----------|----|--|
| 2A | .0100000 | 2B |  |
|----|----------|----|--|

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) \_\_\_\_\_

|    |        |    |     |
|----|--------|----|-----|
| 3A | 713.00 | 3B | .00 |
|----|--------|----|-----|

4. Add lines 3A and 3B. Enter the total here. **Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below. \_\_\_\_\_

|   |        |
|---|--------|
| 4 | 713.00 |
|---|--------|

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) \_\_\_\_\_

|   |     |
|---|-----|
| 5 | .00 |
|---|-----|

6. Multiply line 5 by .0181 and enter total here \_\_\_\_\_

|   |     |
|---|-----|
| 6 | .00 |
|---|-----|

7. Enter total of line 4 minus line 6. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40PNR \_\_\_\_\_

|   |        |
|---|--------|
| 7 | 713.00 |
|---|--------|

**SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2021, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2021**

1. Enter your principal employment income (see instructions) \_\_\_\_\_

| Column A - Yourself |     | Column B - Spouse's |     |
|---------------------|-----|---------------------|-----|
| 1A                  | .00 | 1B                  | .00 |

2. Enter deductions. See the complete list of allowable deductions in the instructions \_\_\_\_\_

|    |     |    |     |
|----|-----|----|-----|
| 2A | .00 | 2B | .00 |
|----|-----|----|-----|

3. Subtract line 2 from line 1 \_\_\_\_\_

|    |     |    |     |
|----|-----|----|-----|
| 3A | .00 | 3B | .00 |
|----|-----|----|-----|

4. Enter some or all of the exemptions from line 8 of Schedule D (see instructions) \_\_\_\_\_

|    |     |    |     |
|----|-----|----|-----|
| 4A | .00 | 4B | .00 |
|----|-----|----|-----|

5. Subtract line 4 from line 3 (if less than zero, leave blank) \_\_\_\_\_

|    |     |    |     |
|----|-----|----|-----|
| 5A | .00 | 5B | .00 |
|----|-----|----|-----|

6. Enter the county tax rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2021 \_\_\_\_\_

|    |  |    |  |
|----|--|----|--|
| 6A |  | 6B |  |
|----|--|----|--|

7. Multiply the income on line 5 by the rate on line 6 \_\_\_\_\_

|    |     |    |     |
|----|-----|----|-----|
| 7A | .00 | 7B | .00 |
|----|-----|----|-----|

8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you have an amount on Section 1, line 7 above, combine that with the amount on line 8 and enter total on Form IT-40PNR, line 9) \_\_\_\_\_

|   |     |
|---|-----|
| 8 | .00 |
|---|-----|









ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

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

PROSERIES

Primary's legal first name MI Last name Primary's social security number
Spouse's legal first name MI Last name Spouse's social security number
Mailing address (number and street, P.O. box or rural route)
City State or province ZIP Foreign country name

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN
NONRESIDENT:
PART YEAR RESIDENT: Dates lived in AR:
List state of residence: From: To:

FILING STATUS
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.)

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Primary's signature Date Telephone
Spouse's signature Date Telephone
May the Arkansas Revenue Agency discuss this return with the preparer? Yes No

PAID PREPARER
Paid preparer's signature PTIN/ID number
Preparer's name City/State/ZIP Telephone
E-mail CUMMING GA 30041



Primary SSN 897-06-1802

|  |  | (A) Primary/Joint Income   | (B) Spouse's Income Status 4 Only | (C) Arkansas Income Only |          |
|--|--|--|-----------------------------------|--------------------------|----------|
| ROUND ALL AMOUNTS TO WHOLE DOLLARS   |  |  |                                   |                          |          |
| INCOME<br>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) .....   | 113,998.00   | 00                                | 41,997.00                |          |
|  | 9. Military pay: Primary <input type="text" value="00"/> Spouse <input type="text" value="00"/>  |  |                                   |                          |          |
|  | 10. Interest income: (If over \$1,500, Attach AR4) .....   | 00   | 00                                | 00                       |          |
|  | 11. Dividend income: (If over \$1,500, Attach AR4) .....   | 00   | 00                                | 00                       |          |
|  | 12. Alimony and separate maintenance received: .....   | 00   | 00                                | 00                       |          |
|  | 13. Business or professional income: (Attach federal Schedule C) .....   | 00   | 00                                | 00                       |          |
|  | 14. Capital gains/(losses) from stocks, bonds, etc: (See instr. Attach federal Schedule D) .....   | -449.00  | 00                                | 0.00                     |          |
|  | 15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable) .....  | 00   | 00                                | 00                       |          |
|  | 16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) .....   | 00   | 00                                | 00                       |          |
|  | 17. Military retirement: Primary <input type="text" value="00"/> Spouse <input type="text" value="00"/>  |  |                                   |                          |          |
|  | 18A. Primary employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs)<br>Gross distribution <input type="text" value="00"/> Taxable amt <input type="text" value="00"/> Less \$6,000 | 00   |                                   | 00                       |          |
|  | 18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs)<br>Gross distribution <input type="text" value="00"/> Taxable amt <input type="text" value="00"/> Less \$6,000  | 00   | 00                                | 00                       |          |
|  | 19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E) .....   | -10,660.00   | 00                                | 0.00                     |          |
|  | 20. Farm income: (Attach federal Schedule F) .....   | 00   | 00                                | 00                       |          |
|  | 21. Unemployment: Primary/Joint <input type="text" value="00"/> Spouse <input type="text" value="00"/>   |  |                                   |                          |          |
|  | 22. Other income/depreciation differences: (Attach Form AR-OI) See Stmt  | 23.00  | 00                                | 0.00                     |          |
|  | 23. TOTAL INCOME: (Add lines 8 through 22) .....   | 102,912.00   | 00                                | 41,997.00                |          |
|  | 24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) .....   | 00   | 00                                | 00                       |          |
|  | 25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) .....   | 102,912.00   | 00                                | 41,997.00                |          |
|  | TAX COMPUTATION  | 26. Select tax table: (Select only one)  |                                   |                          |          |
|  |  | 27. <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions<br><input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only)<br><input type="checkbox"/> Itemized deductions (Attach AR3) | 2,200.00                          | 00                       | 00       |
|  |  | 28. NET TAXABLE INCOME: (Subtract line 27 from line 25) .....  | 100,712.00                        | 00                       | 00       |
|  |  | 29. TAX: (Enter tax from tax table) .....  | 5,692.00                          | 00                       | 00       |
|  |  | 30. Combined tax: (Add amounts from line 29, columns A and B) .....  |                                   |                          | 5,692.00 |
|  |  | 31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) .....   |                                   |                          | 00       |
| 32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required) ..... |  |  |                                   | 00                       |          |
| 33. TOTAL TAX: (Add lines 30 through 32) .....   |  |  | 5,692.00                          |                          |          |
| TAX CREDITS  | 34. Personal tax credit(s): (Enter total from line 7D) .....   |  |                                   | 29.00                    |          |
|  | 35. Child care credit: (Attach AR2441) .....   |  |                                   | 00                       |          |
|  | 36. Other credits: (Attach AR1000TC) .....   |  |                                   | 00                       |          |
|  | 37. TOTAL CREDITS: (Add lines 34 through 36) .....   |  |                                   | 29.00                    |          |
| 38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) .....                        |  |  | 5,663.00                          |                          |          |
| PRORATION  | 38A. Enter the amount from line 25, Column C: .....  |  |                                   | 41,997.00                |          |
|  | 38B. Enter the total amount from line 25, Columns A and B: .....   |  |                                   | 102,912.00               |          |
|  | 38C. Divide line 38A by 38B: (See instructions) .....  |  | .408087                           |                          |          |
|  | 38D. APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C) .....   |  |                                   | 2,311.00                 |          |
| PAYMENTS   | 39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G) .....  |  |                                   | 2,225.00                 |          |
|  | 40. Estimated tax paid or credit brought forward from 2020: .....  |  |                                   | 00                       |          |
|  | 41. Payment made with extension: (See instructions) .....  |  |                                   | 00                       |          |
|  | 42. AMENDED RETURNS ONLY - Previous payments: (See instructions) .....   |  |                                   | 00                       |          |
|  | 43. Early childhood program: Certification number: _____<br>(Attach AR1000EC and AR2441) .....   |  |                                   | 00                       |          |
|  | 44. TOTAL PAYMENTS: (Add lines 39 through 43) .....  |  |                                   | 2,225.00                 |          |
|  | 45. AMENDED RETURNS ONLY - Previous refund: (See instructions) .....   |  |                                   | 00                       |          |
| 46. Adjusted total payments: (Subtract line 45 from line 44) .....   |  |  | 2,225.00                          |                          |          |
| REFUND OR TAX DUE  | 47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter difference) .....  |  |                                   | 00                       |          |
|  | 48. Amount to be applied to 2022 estimated tax: .....  |  | 00                                |                          |          |
|  | 49. Amount of Check-Off contributions: (Attach Schedule AR1000-CO) .....   |  | 00                                |                          |          |
|  | 50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) .....  | REFUND   |                                   | 00                       |          |
|  | 51. AMOUNT DUE: (If line 46 is less than line 38D, enter difference; if over \$1,000, continue to 52A) .....   | TAX DUE  |                                   | 86.00                    |          |
|  | 52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="text" value="00"/> Penalty 52B <input type="text" value="00"/>                               |  |                                   |                          |          |
| 52C. Add lines 51 and 52B: (See instructions) .....  | TOTAL DUE  |  | 86.00                             |                          |          |



**ARKANSAS INDIVIDUAL INCOME TAX  
OTHER INCOME/LOSS AND DEPRECIATION DIFFERENCES**

|  |   |
|--|---|
| Primary's legal name<br>MOUNIKA KANUKULA | Primary's social security number<br>897-06-1802 |
|--|---|

**Full Year Resident Filers** - Complete columns **(A)** and **(B)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column **(A) only**.

**Nonresident or Part Year Resident Filers** - Complete columns **(A), (B), and (C)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete columns **(A)** and **(C) only**.

**Additions to Income**

|  | (A)<br>Primary/Joint | (B)<br>Spouse (Status 4) | (C)<br>Arkansas Only |
|--|----------------------|--------------------------|----------------------|
| 1. Federal depreciation: <b>(Attach Schedule)</b> .....        | 00                   | 00                       | 00                   |
| 2. HSA and/or MSA taxable distributions .....                  | 00                   | 00                       | 00                   |
| 3. Long-term care insurance contracts .....                    | 00                   | 00                       | 00                   |
| 4. Gambling winnings: <b>(Attach W2-G)</b> .....               | 00                   | 00                       | 00                   |
| 5. Lottery / contest winnings: .....                           | 00                   | 00                       | 00                   |
| 6. Scholarships / fellowships / stipends: .....                | 00                   | 00                       | 00                   |
| 7. Other: <b>(Attach Schedule)</b> .....                       | 23 . 00              | 00                       | 0 . 00               |
| 8. <b>INCOME TOTAL: (Add lines 1-7 and enter total):</b> ..... | 23 . 00              | 00                       | 0 . 00               |

**Subtractions from Income**

|   | (A)<br>Primary/Joint | (B)<br>Spouse (Status 4) | (C)<br>Arkansas Only |
|---|----------------------|--------------------------|----------------------|
| 9. State depreciation: <b>(Attach Schedule)</b> .....   | 00                   | 00                       | 00                   |
| 10. Net operating loss: <b>(Attach Form AR1000NOL)</b> .....  | 00                   | 00                       | 00                   |
| 11. Foreign earned income exclusion: .....  | 00                   | 00                       | 00                   |
| 12. Loss on excess deferral distribution .....  | 00                   | 00                       | 00                   |
| 13. Other: <b>(Attach Schedule)</b> .....   | 00                   | 00                       | 00                   |
| 14. <b>LOSSES TOTAL: (Add lines 9-13 and enter total)</b> .....   | 00                   | 00                       | 00                   |
| 15. <b>NET TOTAL: (Subtract line 14 from line 8 and enter total of each column on line 22 of Form AR1000F / AR1000NR).</b> 15 | 23 . 00              | 00                       | 0 . 00               |



**ARKANSAS INDIVIDUAL INCOME TAX  
CAPITAL GAINS**

|  |   |
|--|---|
| Primary's legal name<br>MOUNIKA KANUKULA | Primary's social security number<br>897-06-1802 |
|--|---|

**In Arkansas, only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.**

**Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.**

Complete the AR1000D if you have a CAPITAL GAIN OR LOSS reported on federal Schedule D, or if Schedule D is not required, a gain reported on federal Form 1040, line 7. The amount of capital loss that can be deducted after offsetting capital gains is limited to \$3,000 (\$1,500 per taxpayer for filing status 4 or 5). See instructions for line 14, Form AR1000F/AR1000NR.

Adjust your gains and losses for depreciation differences, **if any**, in the federal and Arkansas amounts using lines 2, 5 and 10. \*

**Note. Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.**

**Full Year Resident Filers** - Complete columns **(A)** and **(B)** only.

**Nonresident or Part Year Resident Filers** - Complete columns **(A), (B), and (C)**.

|   | <b>Federal<br/>Schedule D</b> | <b>(A)<br/>Primary</b> | <b>(B)<br/>Spouse</b> | <b>(C)<br/>Arkansas Only</b> |
|---|-------------------------------|------------------------|-----------------------|------------------------------|
| 1. Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7.....1  | 00                            | 00                     | 00                    | 00                           |
| 2. Enter adjustment, <b>if any</b> , for depreciation differences in federal and state amounts.....2  |                               | 00                     | 00                    | 00                           |
| 3. Arkansas long-term capital gain or loss. Add <b>(or subtract)</b> line 1 and line 2.....3  |                               | 00                     | 00                    | 00                           |
| 4. Enter federal net short-term capital loss, <b>if any</b> , reported on line 7, federal Schedule D .....4   | -449.00                       | -449.00                | 00                    | 0.00                         |
| 5. Enter adjustment, <b>if any</b> , for depreciation differences in federal and state amounts.....5  |                               | 00                     | 00                    | 00                           |
| 6. Arkansas net short-term capital loss. Add <b>(or subtract)</b> line 4 and line 5.....6   |                               | -449.00                | 00                    | 0.00                         |
| 7a. Arkansas net capital gain or loss. <b>(If gain, subtract line 6 from 3. If loss, add lines 6 and 3.)</b> .....7a  |                               | -449.00                | 00                    | 0.00                         |
| 7b. If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less than \$10,000,000, enter the total amount.....7b  |                               | -449.00                | 00                    | 0.00                         |
| 8. Arkansas taxable amount. If a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8  |                               | -449.00                | 00                    | 0.00                         |
| 9. Enter federal short-term capital gain, <b>if any</b> , reported on line 7, federal Schedule D.....9  | 00                            | 00                     | 00                    | 0.00                         |
| 10. Enter adjustment, <b>if any</b> , for depreciation differences in federal and state amounts.....10  |                               | 00                     | 00                    | 00                           |
| 11. Arkansas short-term capital gain. Add <b>(or subtract)</b> line 9 and line 10.....11  |                               | 00                     | 00                    | 00                           |
| 12. Total taxable Arkansas capital gain or loss. Add lines 8 and 11. <b>(Loss limited to \$3,000, for filing status 1, 2, 3, and 6, \$1,500 per taxpayer if filing status 4 or 5.)</b> Enter here. <b>Filing status 1,2,3,5 and 6:</b> Add line 12, columns A and B and enter on AR1000F/AR1000NR, line 14. <b>Filing status 4:</b> Enter line 12, column A on AR1000F/AR1000NR, line 14, column A. Enter line 12, column B on AR1000F/AR1000NR, line 14, column B. |                               | -449.00                | 00                    | 0.00                         |



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: MOUNIKA, Last Name: KANUKULA, Primary's Social Security Number: 897-06-1802, Spouse's Legal First Name and Middle Initial, Last Name, Spouse's Social Security Number, Mailing Address: 174 SAND HILL LN, Telephone: (614) 816-7816, City: WARSAW, State or Province: IN, ZIP: 46582, Check if address is outside U.S. Foreign Country.

Table with 5 rows: 1. Total Income (102,912.00), 2. Net Tax (2,311.00), 3. State Income Tax Withheld (2,225.00), 4. Refund (00), 5. Tax Due (86.00)

PART II - DECLARATION OF TAXPAYER

6a. I consent that my refund be direct deposited... 6b. I do not want direct deposit of my refund... 6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries... 6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries...

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.

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.

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.

ERO'S Use Only ERO'S Signature Date: 02/26/2022, Check if paid preparer, Check if self-employed, Your SSN or PTIN: 30-1017196, Firm's name and address: GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041

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.

Paid Preparer's Use Only Preparer's Signature Date: 02/26/2022, 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

### Additional information from your 2021 Arkansas Tax Return

Form AR1000NR: NR/PY Individual Income Tax Return

Other Income Details

Continuation Statement

| Description  | Amount |
|--------------|--------|
| OTHER INCOME | 0.     |